## CASE NO. 17-1191

## IN THE UNITED STATES COURT OF APPEALS FOR THE DISTRICT OF COLUMBIA CIRCUIT

## THYME HOLDINGS, LLC d/b/a WESTGATE GARDENS CARE CENTER

Petitioner

 $\mathbf{v}$ .

## NATIONAL LABOR RELATIONS BOARD

Respondent

and

## SERVICE EMPLOYEES INTERNATION UNION LOCA 2015

Intervenor

ON REVIEW FROM THE NATIONAL LABOR RELATIONS BOARD

## **APPENDIX (Volume 2) - EXHIBITS**

Henry F. Telfeian (CA Bar No. 81307) Law Office of Henry F. Telfeian 221 Stillings Avenue San Francisco, CA 94103 Telephone: 510.333.1645 laborlawyer@gmail.com

Attorney for Petitioner

## TABLE OF CONTENTS

Board Exhibit 1 (Formal Documents in Representation Case)	549
Board Exhibit 2 (Stipulation)	562
Board Exhibit 3 (Statement of Position)	.564
Employer Exhibit 1 (Map of Evacuation Routes)	.567
Employer Exhibit 2 (Nursing Org Chart)	.568
Employer Exhibit 3 (Job Description – Charge Nurse)	.569
Employer Exhibit 4 (Acknowledgement Form)	573
Employer Exhibit 5 (Employee Handbook)	.577
Employer Exhibit 6 (Corrective/Disciplinary Action Form)	.611
Employer Exhibit 7 (Employee Performance Review)	.648
Employer Exhibit 8 (Summary Chart)	.724
Employer Exhibit 9 (CNA Interview)	727
Employer Exhibit 10 (Daily Assignment Sheet)	.736
Employer Exhibit 11 (Gonzales Acknowledgement)	.748
Employer Exhibit 12 (Daily Assignment Sheet)	.749
Employer Exhibit 13 (Daily Assignment Sheet)	.764
Employer Exhibit 14 (Job Description – Charge Nurse)	.792
Petitioner Exhibit 1 (Job Description – LVN)	.795

FORM NUMB-502 (RC) (4-15)

U	INF	ŒΟ	ST/	TE	SC	3OV	ÉF	UNI	ENT	
NAT	101	IAL	LA8	OR	RE	LAT	70	NS	BOAR	QS
- 4	R	C	P	F	T	LT	1	0	M	

		DO NOT WRIT	E IN THIS SPACE	
1000	Case No.	32-RC-183272	Date Filed	08/31/2016

KC PE	IIIION		02 100 1002.2		00,01,2010
INSTRUCTIONS: Unless e-Filed us	ing the Agency's website, w	ww.nlrb.gov, submit	an original of this Pe	tition to an NI	RB office in the Region
in which the employer concerned	is located. The petition mus	t be accompanied by	both a showing of in	terest (see 6b	below) and a certificate
of service showing service an the	employer and all other partic	as named in the petiti	on of: (1) the petition	; (2) Statemer	nt of Position form
(Form NLRB-505); and (3) Descrip-	tion of Representation Case	Procedures (Form NL	RB 4812). The show	ing of interes	t should only be filed
with the NLRB and should not be			CONTRACTOR SOURCE NA CONTRACTOR	2010 <del>-</del> 1 2000 NOTONO (20	entransa en
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner of requests that the National Labor Rela-	esires to be certified as representati	ive of the employees. The	Petitioner sileges that ti	ne following circ	sumetences exist and
2a. Name of Employer		ddress(es) of Establishmen			
Thyme Holdings, LLC, D/B/A Westget	e Gardens Care Center 4525	W. Tulare Ave, Visa	lie, CA 93277		
3a. Employer Representative - Name and		3b, Address (If same a	s 2b — state same)		
Plum Heathcare Group and Eric		same			
3c. Tel. No.	3d. Cell No.	3e. Fax No.		E-Mail Address	
(559) 733-0901	(801) 358-0710	(559) 733-8757	eto	lman@plum	
4a. Type of Establishment (Factory, mine, ) Skilled Nursing Facility		oduct or service ices and rehabilitation	n thomas	Visalia, Cal	tale where unit is located:
55. Description of Unit Involved	Living serv	ICES BITA TETIBURIZADA	и петару		
1 1 1 1 1 1	and Murross (LVAIs)			40	No. of Employees in Unit
Included: Licensed Vovation	ial indises (LVIAS)			6b.	Do a substantial number (30%
Excluded: All other employees of the Electronic and the Director	mployer, including, without limitati or of Staff Development (DSD)	on, any employees in the	MDS (minimum data se	unit	nore) of the employees in the wish to be represented by the tioner? Yes No
Check One:   7a. Request for re	cognition as Bargaining Represent	ative was made on (Date) !	R/31/16 and En	nployer declined	racognition on or about
No Rep		d, so state).		, ,	
8a. Name of Recognized or Certified Bar	gaining Agent (if none, so state).	8b. Address			
None	1 6 ( 6 ) 6	TA- CONT			
Sc. Tel No.	8d Cell No.	8e. Fax No.	87.	E-Mail Address	
8g. Affiliation, If any		8h. Date of Recognition o		Expiration Date on Intract, if any (Mo.	d Current or Most Recent nth, Day. Year)
Is there now a strike or picketing at the E     (Name of labor organization)	·	if so, approx keted the Employer since (	kimately how many employ Month, Day, Year)	yess are particips	tling?
10. Organizations or individuals other than i known to have a representative interest in a None				ntatives and othe	r organizations and individuals
10a. Name	10b Address		10c. Tel. No.	10	d, Cell No.
			10e. Fax No.	10	f. E-Mali Address
11. Efection Details: If the NLRB conducts any such election	an election in this matter, state you	ur position with respect to	11s. Election Type:	Manual Manual Manual	nil Mixed Manual/Meil
11b. Election Date(s): 9/19/16	11c. Election Time(s): 5:30am-8:30am and 6:3	0pm-7:30pm	11d Election Location(s): conference room		
12a. Full Name of Petitioner (Including its SEIU Local 2016	cal name and number)		12b. Address (street an 2910 Beverly Blvd, Los		
12c. Full name of national or international la Service Employees International Union	bor organization of which Petitioner	is an affiliate or constituer	t (If none, so state)		
12d. Tel No.	12e. Cell No.	12f. Fax No. (213) 368-0699	124	g. E-Mail Address	
13. Representative of the Patitioner who	will accept service of all papers f	or purposes of the repres	sentation proceeding.		
13s. Name and Title Stephanie D	Delgado, Attorney		d tiumber; city, state, and . te 1320, Los Angeles, GA 900		
13c. Tel No. (213) 380-2344	13d, Cell No.	13e Fax No. (213) 443-5098		. E-Mail Address Igado@unionco	unsel,net
I declare that I have read the above petiti	on and that the statements are tr	ue to the best of my know	vlodge and bellef.		
Name (Print)   Sig	mature /	Title		Date	
Stephanie Delgado, Attorney		Attorney for Union		8/31/2016	
WHILE IN EAST STATEME	HTG AN TIME DEVISION CAN BE	DUMIENCE DY EINE AND	MIDDIOCHMENT /// 9 C	DOE TIDE 40	CECALON 1994)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The retitine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006): The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, faiture to supply the information will cause the NLRB to decline to invoke its processes.

BOARD EXH # 1(a)



## UNITED STATES OF AMERICA BEFORE THE NATIONAL LABOR RELATIONS BOARD REGION 32



THYME HOLDINGS, LLC, d/b/a WESTGATE GARDENS CARE CENTER

**Employer** 

and

Case 32-RC-183272

Filed: 12/11/2017

SERVICE EMPLOYEES INTERNATIONAL UNION, LOCAL 2015

Petitioner

## NOTICE OF REPRESENTATION HEARING

The Petitioner filed the attached petition pursuant to Section 9(c) of the National Labor Relations Act. It appears that a question affecting commerce exists as to whether the employees in the unit described in the petition wish to be represented by a collective-bargaining representative as defined in Section 9(a) of the Act.

YOU ARE HEREBY NOTIFIED that, pursuant to Sections 3(b) and 9(c) of the Act, at 9:00 a.m. on Monday, September 12, 2016, and on consecutive days thereafter until concluded, at the National Labor Relations Board offices located at 1301 Clay Street, Suite 300N, Oakland, CA 94612, a hearing will be conducted before a hearing officer of the National Labor Relations Board. At the hearing, the parties will have the right to appear in person or otherwise, and give testimony.

YOU ARE FURTHER NOTIFIED that, pursuant to Section 102.63(b) of the Board's Rules and Regulations, THYME HOLDINGS, LLC, d/b/a WESTGATE GARDENS CARE CENTER must complete the Statement of Position and file it and all attachments with the Regional Director and serve it on the parties listed on the petition such that is received by them by no later than noon Pacific time on September 09, 2016. The Statement of Position may be E-Filed but, unlike other E-Filed documents, must be filed by noon Pacific on the due date in order to be timely. If an election agreement is signed by all parties and returned to the Regional Office before the due date of the Statement of Position, the Statement of Position is not required to be filed.

Dated: September 1, 2016

George Velastegui que

Regional Director

National Labor Relations Board

Region 32

1301 Clay Street Suite 300N Oakland, CA 94612-5224

BOARD EXH #1(b)

Filed: 12/11/2017

(1-92)

(R CASES)

## SUMMARY OF STANDARD PROCEDURES IN FORMAL HEARINGS HELD BEFORE THE NATIONAL LABOR RELATIONS BOARD PURSUANT TO PETITIONS FILED UNDER SECTION 9 OF THE NATIONAL LABOR RELATIONS ACT

The hearing will be conducted before a Hearing Officer of the National Labor Relations Board.

Parties may be represented by an attorney or other representative and present evidence relevant to the issues. All parties appearing before this hearing who have or whose witnesses have handicaps falling within the provisions of Section 504 of the Rehabilitation Act of 1973, as amended, and 29 C.F.R. 100.603, and who in order to participate in this hearing need appropriate auxiliary aids, as defined in 29 C.F.R. 100.603, should notify the Regional Director as soon as possible and request the necessary assistance.

An official reporter will make the only official transcript of the proceedings and all citations in briefs or arguments must refer to the official record. (Copies of exhibits should be supplied to the Hearing Officer and other parties at the time the exhibit is offered in evidence.) After the close of the hearing, one or more of the parties may wish to have corrections made in the record. All such proposed corrections, either by way of stipulation or motion, should be forwarded to the Regional Director or to the Board in Washington (if the case is transferred to the Board) instead of to the Hearing Officer, inasmuch as the Hearing Officer has no power to make any rulings in connection with the case after the hearing is closed. All matter that is spoken in the hearing room will be recorded by the official reporter while the hearing is in session. In the event that any party wishes to make off-the-record remarks, requests to make such remarks should be directed to the Hearing Officer and not to the official reporter.

Statements of reasons in support of motions or objections should be as concise as possible. Objections and exceptions may, on appropriate request, be permitted to stand to an entire line of questioning. Automatic exceptions will be allowed to all adverse rulings.

All motions shall be in writing or, if made at the hearing, may be stated orally on the record and shall briefly state the order of relief sought and the grounds for such motion. An original and two copies of written motions shall be filed with the Hearing Officer and a copy thereof immediately shall be served on the other parties to the proceeding.

The sole objective of the Hearing Officer is to ascertain the respective positions of the parties and to obtain a full and complete factual record on which the duties under Section 9 of the National Labor Relations Act may be discharged by the Regional Director of the Board. It may become necessary for the Hearing Officer to ask questions, to call witnesses, and to explore avenues with respect to matters not raised by the parties. The services of the Hearing Officer are equally at the disposal of all parties to the proceedings in developing the material evidence.

At the close of hearing, any party who desires to file a <u>brief</u> may do so in the appropriate manner described below.

## 1. Briefs filed with the Regional Director

Unless transfer of the case to the Board is announced prior to close of hearing, the brief should be filed in duplicate with the Regional Director. A copy must also be served on each of the other parties and proof of such service must be filed with the Regional Director at the time the briefs are filed. <u>Briefs submitted are to be double-spaced on 8½ by 11 inch paper.</u>

The briefs shall be filed within 7 days after the close of the hearing unless an extension of time, not to exceed an additional 14 days on request made for good cause, before the hearing closes, is granted by the Hearing Officer. Briefs must be filed in accordance with the provisions of Section 102.111(b) of the Board's Rules. Facsimile transmission of briefs is not permitted.

A request for an extension of time made after the close of the hearing must be received by the Regional Director, in writing, as much in advance of the date the briefs are due as possible and copies thereof must be served on the other parties by the same or faster method as used to file with the Regional Director (see 102.114 of Board's Rules).

## 2. Briefs filed with the Board in Washington, D.C.

## a. If transfer of case to the Board is announced at the hearing

Should any party desire to file a brief with the Board, eight copies thereof shall be filed with the Board in Washington, D.C. Immediately on such filing, a copy shall be served on each of the other parties. Proof of such service must be filed with the Board simultaneously with the briefs. Such brief shall be printed on otherwise legibly duplicated: Provided, however, that carbon copies of typewritten matter shall not be filed and if submitted will not be accepted. No reply brief may be filed except on special leave of the Board. Any brief filed after transfer of the case to the Board shall be double-spaced on 8½ by 11 inch paper.

The briefs shall be filed within 7 days after the close of hearing unless an extension of time, not to exceed an additional 14 days on request made for good cause, before the hearing closes, is granted by the Hearing Officer. Briefs must be filed in accordance with the provisions of Section 102.111(b) of the Board's Rules. Facsimile transmission of briefs is not permitted.

## b. Transfer of cases to the Board effected after close of hearing

Pursuant to Section 102.67 of the Board's Rules, the Regional Director may, at any time after the close of hearing and before decision, transfer a case to the Board for decision. The order transferring the case will fix a date for filling briefs in Washington, D.C.

If a brief has already been filed with the Regional Director, the parties may file eight copies of the same brief with the Board in the same manner as set forth in "a," above, except that service on other parties is not required. No further briefs shall be submitted except by special permission of the Board.

If the case is transferred to the Board before the time expires for filing of briefs with the Regional Director and before the parties have filed briefs, such briefs shall be filed as set forth in "a," above.

## c. Request for extension of time to file briefs with the Board

A request for an extension of time to file briefs with the Board in Washington, D.C., made after the close of hearing must be received by the Executive Secretary's Office in Washington as much in advance of the date the briefs are due as possible but in any event no later than the close of business on the due date. Such request must be in writing and a copy shall be served immediately on each of the other parties and the Regional Director and shall contain a statement that such service has been made.

As provided in Section 102.114(a) and (e) of the Board's Rules and Regulations, service on all parties of a request for an extension of time shall be made in the same or faster manner as that utilized in filing the paper with the Board; however, when filing with the Board is accomplished by facsimile transmission or by personal service, the other parties shall be promptly notified of such action by facsimile transmission or by telephone, followed by service of a copy personally or by overnight delivery service.

## UNITED STATES OF AMERICA BEFORE THE NATIONAL LABOR RELATIONS BOARD

THYME	HOL	DINGS,	LLC,	d/b/a	WESTGA	TE
GARDE!	NS CA	RE CE	NTER			

**Employer** 

and

SERVICE EMPLOYEES INTERNATIONAL **UNION, LOCAL 2015** 

Petitioner

Case 32-RC-183272

Filed: 12/11/2017

AFFIDAVIT OF SERVICE OF: Petition dated August 31, 2016, Notice of Representation Hearing dated September 1, 2016, Description of Procedures in Certification and Decertification Cases (Form NLRB-4812), Notice of Petition for Election, and Statement of Position Form (Form NLRB-505).

I, the undersigned employee of the National Labor Relations Board, being duly sworn, say that on September 1, 2016, I served the above documents by electronic mail and regular mail upon the following persons, addressed to them at the following addresses:

ERIC TOLMAN, ADMINISTRATOR THYME HOLDINGS, LLC, d/b/a WESTGATE GARDENS CARE CENTER **4525 W TULARE AVE** VISALIA, CA 93277-1575 etolman@plum.com Fax: (559)733-8757

STEPHANIE DELGADO, ESQ. WEINBERG, ROGER & ROSENFIELD 800 WILSHIRE BLVD, SUITE 1320 LOS ANGELES, CA 90017-2623 sdelgado@unioncounsel.net Fax: (213)443-5098

SERVICE EMPLOYEES INTERNATIONAL UNION, LOCAL 2015 2910 BEVERLY BOULEVARD LOS ANGELES, CA 90057 Fax: (213)368-0699

September 1, 2016 Date

Alice Lafontaine, Designated Agent of NLRB

Name

Signature

BOARD EXH # 16)

FORM NURB-602 (NC) (4-15)

	UNITED STATES GO				BO NOT	MARKAR IN THIS	SP/SS/E	
	RC PETI	TION			2-RC-183313		VO	/31/2016
in which the employ of service showin (Form MLRB-505); with the MLRB and 1 PURPOSE OF THIS bergening by Petuli requests that the 12a Name of Employer Thyma Holdings, LL 3a. Employer Repres Plum Heathcare (3c Tel No. (559) 733-0901 4a Type of Establisher Skilled Nursing Fe 3b. Description of Unincluded: Certifications of the Included: Certifications	Inless e-Filed using over concerned is ic g service on the emp and (3) Description of should not be service per and Petroner desired in the service of the s	the Agency's website, cated. The petition multiployer and all other period of Representation Cases and on the employer or a to be cartiled as represent a bost proced under its pardens Care Center   452 eman, Administrator   Cell No. 01) 358-0710   Saler, etc.   4b. Principal pardens (CNAs) at isstants (CNAs) at	ist be accounted name of the procedure o	gov, submit a impanied by it in the petition res (Form NL) party.  sty pursuant to of Establishmen re Ave, Visal frees (If serve as No 733-8757	on original of this both a showing of on of: (1) the petit RB 4812). The store of amployees wish to Protite a allege of the Section 9 of the Na (3) Involved (Street et a., CA 93277  2b - state sume)	Fetition to air f interest (section; (2) State howing of inte to be represented at the following fitional Labor Re and number, city,  3f E-Mail Addre eto(man@p) 5e City Visalia,	n NLRB use of beloment of invest sho for purpose, circumstalled on Actions Act	ffice in the Region w) and a certificate Position form uld only he filed as of collective ander exist and t. code;
		of the Employer					und wish t	o be represented by the
Check One:	No Reply 7b. Petitioner is current	ithon es Bergaining Represe (Date) (If no reply recei ity recognized se Bargaining Ing Agent (If rigne, an state	Ved, so state Representat	).	NA DIENNALII RO		ned recogn	ition on or about
None of tracking or	sea or Chrimini paidmu	ing whom tustioner an assess	,	OD MIGRARA				
Sc. Tel No.	80	Cell No.	8e Fax	No.		ST E-Mail Addr	009	
8g. Affiliation, If any			8h Date	of Recognition or	Certification	Bl. Expiration D Donbact, if any		ent or Most Recent sy, Year)
(Name of labor orga	nezation)	oyer's establishment(s) involvi , hos p ioner and those named in iter imployees in the unit describe	icketed the E	implayer since (#	donth, Day, Year)			· · · · · · · · · · · · · · · · · · ·
10s Name	-	10b Address			100 Tel. No.		10d. Cell	No.
					10e, Pex No.		10f. E-M	ell Address
11 Election Details: any such election.	if the NLRB conducts an	election in this metter, state y	our position	with respect to	11a. Election Type	: Wanual [	Méž _	Mixed Manuel/Mail
11b Election Date(s): 9/19/16		11c Election Time(s) 5:30am-6 30am and 1	30pm-2-30	11d Election Location(s). Conference room				
12s Full Name of Pet SEIU Local 2015	Higner (including local	name and number)			12b. Address (stree 2910 Beverly Blvd.			nd ZIP code)
12c. Full name of netto Service Employees Int		organization of which Petition	rer is an affili	ate or constituen	t (if none, so state)			
12d, Tel No.	12	e Cell No.	12f Fai (213) 35	8-0099		12g, E-Mell Ad	dress	
A 100 A 140 A 150		accept service of all papers gado, Attorney	13b. Ad	dress (street end	entation procesding i number, city, state, le 1320, Los Angeles, C	and ZIP code)		
13c Tel No. (213) 380-2344	13	d Cell No.	13e Fe (213) 44			13f E-Mail Add sdelgado@uni		net
	end the above petition s	and that the statements are	true to the b	est of my know	ledge and bollef.			
Name (Print) Stephenie Delgado	Bignati		Attomey	for Union		Deta 8/31/2016		
WILLFU	L FALSE STATEMENTS	ON THIS PETITION CAN B	E PUNISHED	BY FINE AND	IMPRISONMENT (U	S. CODE, TITLE	18, SECT	ION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the Information is to assist the National Labor Relations Board (NLRA) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this Information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to movibe its processes. 1/879361

Board Exh # 1(d)



## UNITED STATES OF AMERICA BEFORE THE NATIONAL LABOR RELATIONS BOARD **REGION 32**



Page 9 of 250

THYME HOLDINGS, LLC, d/b/a WESTGATE GARDENS CARE CENTER

**Employer** 

and

Case 32-RC-183313

SERVICE EMPLOYEES INTERNATIONAL UNION, LOCAL 2015

Petitioner

## NOTICE OF REPRESENTATION HEARING

The Petitioner filed the attached petition pursuant to Section 9(c) of the National Labor Relations Act. It appears that a question affecting commerce exists as to whether the employees in the unit described in the petition wish to be represented by a collective-bargaining representative as defined in Section 9(a) of the Act.

YOU ARE HEREBY NOTIFIED that, pursuant to Sections 3(b) and 9(c) of the Act, at 09:00 a.m. on Monday, September 12, 2016, and on consecutive days thereafter until concluded, at the National Labor Relations Board offices located at 1301 Clay Street, Suite 300N, Oakland, CA 94612-5224, a hearing will be conducted before a hearing officer of the National Labor Relations Board. At the hearing, the parties will have the right to appear in person or otherwise, and give testimony.

YOU ARE FURTHER NOTIFIED that, pursuant to Section 102.63(b) of the Board's Rules and Regulations, THYME HOLDINGS, LLC, d/b/a WESTGATE GARDENS CARE CENTER must complete the Statement of Position and file it and all attachments with the Regional Director and serve it on the parties listed on the petition such that is received by them by no later than noon Pacific time on September 09, 2016. The Statement of Position may be E-Filed but, unlike other E-Filed documents, must be filed by noon Pacific on the due date in order to be timely. If an election agreement is signed by all parties and returned to the Regional Office before the due date of the Statement of Position, the Statement of Position is not required to be filed.

Dated: September 1, 2016

George Velastegui

Regional Director

National Labor Relations Board

Region 32

1301 Clay Street Suite 300N Oakland, CA 94612-5224

BOARD EXH # 1(e)

## SUMMARY OF STANDARD PROCEDURES IN FORMAL HEARINGS HELD BEFORE THE NATIONAL LABOR RELATIONS BOARD PURSUANT TO PETITIONS FILED UNDER SECTION 9 OF THE NATIONAL LABOR RELATIONS ACT

The hearing will be conducted before a Hearing Officer of the National Labor Relations Board.

Parties may be represented by an attorney or other representative and present evidence relevant to the issues. All parties appearing before this hearing who have or whose witnesses have handicaps falling within the provisions of Section 504 of the Rehabilitation Act of 1973, as amended, and 29 C.F.R. 100.603, and who in order to participate in this hearing need appropriate auxiliary aids, as defined in 29 C.F.R. 100.603, should notify the Regional Director as soon as possible and request the necessary assistance.

An official reporter will make the only official transcript of the proceedings and all citations in briefs or arguments must refer to the official record. (Copies of exhibits should be supplied to the Hearing Officer and other parties at the time the exhibit is offered in evidence.) After the close of the hearing, one or more of the parties may wish to have corrections made in the record. All such proposed corrections, either by way of stipulation or motion, should be forwarded to the Regional Director or to the Board in Washington (if the case is transferred to the Board) instead of to the Hearing Officer, inasmuch as the Hearing Officer has no power to make any rulings in connection with the case after the hearing is closed. All matter that is spoken in the hearing room will be recorded by the official reporter while the hearing is in session. In the event that any party wishes to make off-the-record remarks, requests to make such remarks should be directed to the Hearing Officer and not to the official reporter.

Statements of reasons in support of motions or objections should be as concise as possible. Objections and exceptions may, on appropriate request, be permitted to stand to an entire line of questioning. Automatic exceptions will be allowed to all adverse rulings.

All motions shall be in writing or, if made at the hearing, may be stated orally on the record and shall briefly state the order of relief sought and the grounds for such motion. An original and two copies of written motions shall be filed with the Hearing Officer and a copy thereof immediately shall be served on the other parties to the proceeding.

The sole objective of the Hearing Officer is to ascertain the respective positions of the parties and to obtain a full and complete factual record on which the duties under Section 9 of the National Labor Relations Act may be discharged by the Regional Director of the Board. It may become necessary for the Hearing Officer to ask questions, to call witnesses, and to explore avenues with respect to matters not raised by the parties. The services of the Hearing Officer are equally at the disposal of all parties to the proceedings in developing the material evidence.

At the close of hearing, any party who desires to file a <u>brief</u> may do so in the appropriate manner described below.

## 1. Briefs filed with the Regional Director

Unless transfer of the case to the Board is announced prior to close of hearing, the brief should be filed in duplicate with the Regional Director. A copy must also be served on each of the other parties and proof of such service must be filed with the Regional Director at the time the briefs are filed. <u>Briefs submitted are to be double-spaced on 8½ by 11 inch paper.</u>

The briefs shall be filed within 7 days after the close of the hearing unless an extension of time, not to exceed an additional 14 days on request made for good cause, before the hearing closes, is granted by the Hearing Officer. Briefs must be filed in accordance with the provisions of Section 102.111(b) of the Board's Rules. Facsimile transmission of briefs is not permitted.

A request for an extension of time made after the close of the hearing must be received by the Regional Director, in writing, as much in advance of the date the briefs are due as possible and copies thereof must be served on the other parties by the same or faster method as used to file with the Regional Director (see 102.114 of Board's Rules).

## 2. Briefs filed with the Board in Washington, D.C.

## a. If transfer of case to the Board is announced at the hearing

Should any party desire to file a brief with the Board, eight copies thereof shall be filed with the Board in Washington, D.C. Immediately on such filing, a copy shall be served on each of the other parties. Proof of such service must be filed with the Board simultaneously with the briefs. Such brief shall be printed on otherwise legibly duplicated: Provided, however, that carbon copies of typewritten matter shall not be filed and if submitted will not he accepted. No reply brief may be filed except on special leave of the Board. Any brief filed after transfer of the case to the Board shall be double-spaced on 8½ by 11 inch paper.

The briefs shall be filed within 7 days after the close of hearing unless an extension of time, not to exceed an additional 14 days on request made for good cause, before the hearing closes, is granted by the Hearing Officer. Briefs must be filed in accordance with the provisions of Section 102.111(b) of the Board's Rules. Facsimile transmission of briefs is not permitted.

## b. Transfer of cases to the Board effected after close of hearing

Pursuant to Section 102.67 of the Board's Rules, the Regional Director may, at any time after the close of hearing and before decision, transfer a case to the Board for decision. The order transferring the case will fix a date for filing briefs in Washington, D.C.

If a brief has already been filed with the Regional Director, the parties may file eight copies of the same brief with the Board in the same manner as set forth in "a," above, except that service on other parties is not required. No further briefs shall be submitted except by special permission of the Board.

If the case is transferred to the Board before the time expires for filing of briefs with the Regional Director and before the parties have filed briefs, such briefs shall be filed as set forth in "a," above.

## c. Request for extension of time to file briefs with the Board

A request for an extension of time to file briefs with the Board in Washington, D.C., made after the close of hearing must be received by the Executive Secretary's Office in Washington as much in advance of the date the briefs are due as possible but in any event no later than the close of business on the due date. Such request must be in writing and a copy shall be served immediately on each of the other parties and the Regional Director and shall contain a statement that such service has been made.

As provided in Section 102.114(a) and (e) of the Board's Rules and Regulations, service on all parties of a request for an extension of time shall be made in the same or faster manner as that utilized in filing the paper with the Board; however, when filing with the Board is accomplished by facsimile transmission or by personal service, the other parties shall be promptly notified of such action by facsimile transmission or by telephone, followed by service of a copy personally or by overnight delivery service.

## **UNITED STATES OF AMERICA** BEFORE THE NATIONAL LABOR RELATIONS BOARD

THYME	HOLDING	S, LLC,	d/b/a	WESTGA	TE
GARDE	NS CARE (	ENTER	t		

**Employer** 

and

SERVICE EMPLOYEES INTERNATIONAL **UNION, LOCAL 2015** 

Petitioner

Case 32-RC-183313

AFFIDAVIT OF SERVICE OF: Petition dated August 31, 2016, Notice of Representation Hearing dated September 1, 2016, Description of Procedures in Certification and Decertification Cases (Form NLRB-4812), Notice of Petition for Election, and Statement of Position Form (Form NLRB-505).

I, the undersigned employee of the National Labor Relations Board, being duly sworn, say that on September 1, 2016, I served the above documents by electronic mail and regular mail upon the following persons, addressed to them at the following addresses:

ERIC TOLMAN, ADMINISTRATOR THYME HOLDINGS, LLC, D/B/A WESTGATE GARDENS CARE CENTER 4525 W TULARE AVE VISALIA, CA 93277-1575 etolman@plum.com Fax: (559)733-8757

STEPHANIE DELGADO, ESQ. WEINBERG, ROGER & ROSENFIELD 800 WILSHIRE BLVD, SUITE 1320 LOS ANGELES, CA 90017-2623 sdelgado@unioncounsel.net

Fax: (213)443-5098

SERVICE EMPLOYEES INTERNATIONAL UNION, LOCAL 2015 2910 BEVERLY BLVD LOS ANGELES, CA 90057-1012 FAX: (213)366-0687

September 1, 2016	Catherine Hendrick, Designated Agent of NLRB	
Date	Name	
	Catherine Hendrot	

Signature

BOARD EXH # 1(f)

## UNITED STATES OF AMERICA BEFORE THE NATIONAL LABOR RELATIONS BOARD REGION 32

THYME HOLDINGS, LLC, D/B/A WESTGATE GARDENS CARE CENTER

**Employer** 

and

Case 32-RC-183272 32-RC-183313

SERVICE EMPLOYEES INTERNATIONAL UNION, LOCAL 2015

Petitioner

## ORDER CONSOLIDATING CASES AND RESCHEDULING HEARING

The Petitioner, filed the attached petitions pursuant to Section 9(c) of the National Labor Relations Act. It appears that a question affecting commerce exists as to whether the employees in the units described in the petitions want to be represented by a collective-bargaining representative as defined in Section 9(a) of the Act. In order to effectuate the purposes of the Act, and to avoid unnecessary cost of delay, I HEREBY consolidate the petitions for hearing.

IT IS HEREBY ORDERED that the hearing in the above-entitled matter is rescheduled from September 12, 2016 at 9:00 a.m. to 9:00 a.m. on Tuesday, September 13, 2016, at 1301 Clay Street, Suite 300N, Oakland, CA 94612. The hearing will continue on consecutive days until concluded.

The Statements of Position in these matters must be filed with the Regional Director and served on the parties listed on the petitions by no later than noon Pacific time on September 9, 2016. The Statements of Position may be e-Filed but, unlike other e-Filed documents, must be filed by noon Pacific time on the due date in order to be timely. If an election agreement is signed by all parties and returned to the Regional Office before the due date of the Statement of Position, the Statement of Position is not required to be filed.

Dated: September 6, 2016

George Velastegui

Regional Director

National Labor Relations Board

Region 32

1301 Clay Street Suite 300N Oakland, CA 94612-5224

BOARD EXH # 1(9)

## UNITED STATES OF AMERICA BEFORE THE NATIONAL LABOR RELATIONS BOARD **REGION 32**

THYME HOLDINGS, LLC, D/B/A WESTGATE **GARDENS CARE CENTER** 

Employer

and

Case 32-RC-183272

SERVICE EMPLOYEES INTERNATIONAL UNION, **LOCAL 2015** 

**Petitioner** 

AFFIDAVIT OF SERVICE OF: Order Consolidating Cases and Rescheduling Hearing, dated September 6, 2016.

I, the undersigned employee of the National Labor Relations Board, being duly sworn, say that on September 6, 2016, I served the above-entitled document(s) by regular mail upon the following persons, addressed to them at the following addresses:

ERIC TOLMAN, ADMINISTRATOR THYME HOLDINGS, LLC, D/B/A WESTGATE GARDENS CARE CENTER **4525 W TULARE AVE** VISALIA, CA 93277-1575

HENRY F. TELFEIAN, ESQ. LAW OFFICE OF HENRY F. TELFEIAN PO BOX 1277 KINGS BEACH, CA 96143-1277

PAULO VELLANOWETH, BUSINESS **AGENT** SERVICE EMPLOYEES INTERNATIONAL UNION, LOCAL 2015 2910 BEVERLY BLVD LOS ANGELES, CA 90057-1012

STEPHANIE DELGADO, ESQ. WEINBERG, ROGER & ROSENFIELD 800 WILSHIRE BLVD, SUITE 1320 LOS ANGELES, CA 90017-2623

Date

Alice Lafontaine, Designated Agent of NLRB

Name

Signature

BOARD EXH # 1(h)

## INDEX AND DESCRIPTION OF FORMAL DOCUMENTS

Re: Thyme Holdings, LLC, d/b/a Westgate Gardens Care Center Case 32-RC-183272 & 32-RC-183313

Board's Exhibit	1(a)	Original petition, 32-RC-183272, dated August 31, 2016.
- <del> </del>	1(b)	Original Notice of Representation Hearing, dated September 1, 2016, with Form NLRB 4669 attached.
<del>-</del>	1(c)	Affidavit of Service of 1(b), dated September 1, 2016.
	1(d)	Original petition, 32-RC-183313, dated August 31, 2016.
• • • • • •	1(e)	Original Notice of Representation Hearing, dated September 1, 2016, with Form NLRB 4669 attached.
<del>-</del>	1(f)	Affidavit of Service of 1(e), dated September 1, 2016.
	1(g)	Order Consolidating Cases and Rescheduling Hearing, dated September 6, 2016.
	1(h)	Affidavit of Service of 1(g), dated September 6, 2016.
	1(i)	Index and Description of Formal Documents.

BOARD EXH # 1(i)



## UNITED STATES OF AMERICA BEFORE THE NATIONAL LABOR RELATIONS BOARD REGION 32



## THYME HOLDINGS, LLC, d/b/a WESTGATE GARDENS CARE CENTER

**Employer** 

and

SERVICE EMPLOYEES INTERNATIONAL UNION, LOCAL 2015

Petitioner

Case 32-RC-183272

Filed: 12/11/2017

## **STIPULATION**

The parties in this matter stipulate and agree that:

- 1. We have been informed of the procedures at formal hearings before the National Labor Relations Board by service of a Description of Procedures in Certification and Decertification Cases. The Hearing Officer has offered to us additional copies of the Description of Procedures.
- 2. To the extent the formal documents in this proceeding do not correctly reflect the names of the parties, the parties hereby make a joint motion to the Regional Director to amend the petition and other formal documents to correctly reflect the names as set forth above.
- 3. The Petitioner is a labor organization within the meaning of Section 2(5) of the National Labor Relations Act.
- 4. The Petitioner claims to represent the employees in the unit described in the petition herein and the Employer declines to recognize the Petitioner.
- 5. There is no collective-bargaining agreement covering any of the employees in the unit sought in the petition herein and there is no contract bar or other bar to an election in this matter.
- 6. The Employer is an employer engaged in commerce within the meaning of Section 2(6) and (7) of the Act and is subject to the jurisdiction of the Board.

Commerce facts are as follows: Thyme Holdings, LLC d/b/a Gardens Care Center, a California limited liability company, operates a skilled nursing facility. During the past 12 months, the Employer derived gross revenues in excess of \$250,000 dollars and purchased and received goods valued in excess of \$5,000 dollars directly from sources located outside the State of California.

- 7. The parties agree that in any unit found appropriate by the Regional Director the following job classifications would be excluded from the bargaining unit: Minimum Data Set Department employees, Directors of Staff Development, professional employees, office clerical employees, guards, and supervisors as defined in the Act.
- 8. The parties agree that they have entered into and the Regional Director has approved a Stipulated Election Agreement in Case 32-RC-183313 today. Accordingly, the parties waive their right to a hearing and agree that any notice of hearing previously issued in Case 32-RC-183313 is withdrawn.

Upon receipt of this Stipulation by the Hearing Officer it may be admitted, without objection, as a Board exhibit in this proceeding.

For the Employer

RECEIVED:

Hearing Øfficer

Board Exhibit No. 2

Filed: 12/11/2017

FORM NLRB-505 (4-15)

UNITED STATES G			NOT WRITE IN THIS SPACE
NATIONAL LABOR RE STATEMENT C		Case No.	Date Fled
INSTRUCTIONS: Submit this Statement of Position each party named in the pelition in this case such the Note: Non-employer parties who complete this form described in Item 7. In RM cases, the employer is N	at it is received by them by the date and time are NOT required to complete items 8f or 8	e specified in the notice ng below or to provide	e of hearing.
1a. Full name of party filing Statement of Position		1c. Business Phone	: 1e. Fax No.:
Thyme Holdings, LLC d/b/a Westga		559-733-090	1
1b. Address (Street and number, city, state, and ZIP of	ods)	1d. Cell No.:	If. e-Mall Address
4525 W. Tulare Avenue, Visalia, CA			etolman@plum.com
Do you agree that the NLRB has jurisdiction over the (A completed commerce questionnaire (Attachment A)	e Employer in this case? IIIIYes Lino must be submitted by the Employer, regar	diess of whether jurts	diction is admitted)
3. Do you agree that the proposed unit is appropriate?	Yes No (If not, answer 3a and	d 3b.)	
a. State the basis for your contention that the proposed why, such as shares a community of interest or are:	supervisors or guards.)	lassification should be	excluded or included briefly explain
LVNs are supervisors as defined by	Section 2(11).		
b. State any classifications, locations, or other employee Added	groupings that must be added to or excluded Excluded	from the proposed unit	to make it an appropriate unit.
Other than the Individuals in classifications listed in this case and the basis for contesting their eligibility.		vote you intend to com	test at the pre-election hearing in
Is there a bar to conducting an election in this case?     Describe all other issues you intend to raise at the part of t		s for your position.	
Supervisory status of LVNs.			
<ol> <li>The employer must provide the following lists which we-do/conduct-elections/representation-case-rules</li> </ol>		tment) in the format sp	pecified at http://www.nirb.gov/what-
(a) A list containing the full names, work locations, a preceding the filing of the petition who remain er			s of the payroll period immediately
(b) If the employer contends that the proposed unit locations, shifts and job classifications of all India (Attachment C) and (2) a list containing the full re-	iduals that it contends must be added to the	e proposed unit, if any	to make it an appropriate unit,
State your position with respect to the details of any ele	ection that may be conducted in this matter.	8a. Type: 🌃 Manual	☐ Mail ☐ Mixed Manual/Mail
8b. Date(s)	8c. Time(s)	8d. Location(s)	
September 30, 2016	5:30pm to 7pm	Conference Re	oom
Be. Eligibility Period (e.g. special eligibility formula)  Per diem eligibility	8f. Last Payroli Period Ending Date August 31, 2016	8g. Length of payroll   	period 3/- mo w Z/u/ reekly = Other (specify length)
9. Representative who will eccept service of all papers for	purposes of the representation proceeding	The state of the s	
9a. Full name and title of authorized representative Henry Telfeian	9b. Signature of authorized n	epresentative	9c. Date 09/08/16
9d. Address (Street and number, city, state, and ZIP c	ode)		9e. e-Mail Address
PO Box 1277, Kings Beach, CA 96	// (/		laborlawyer@gmail.com
9f. Business Phone No.: 51U-333-1645	9g. Fax No.		9h. Cell No. 510-333-1645
WILL EIN EAL OF STATEMENTS ON THIS STATEMEN	TOE DOCTON CAN BE SUBJECTED BY THE	E AND MADDISONMENT	TALE Code Title 16 Bootles (001)

WILLFUL FALSE STATEMENTS ON THIS STATEMENT OF POSITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. Code, Title 18, Section 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. Section 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation proceedings. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (December 13, 2006). The NLRB will further explain these uses upon request. Faiture to supply the information requested by this form may preclude you from liftgeting issues under 102.66(d) of the Board's Rules and Regulations and may cause the NLRB to refuse to further process a representation case or may cause the NLRB to issue you a subpoens and seek enforcement of the subpoens in federal court.

Board Ex. 3

# Westgate LVN Employee Listing

Last Name	First Name	Туре	Shift
Aceves	Noelia	FT	AM
Acosta	ΙνγΙογ	FT.	NOC
Basurto	Gabriela	FT	FLOAT
Cha	Jeanne	000	AM
Corrales	Veronica	FT	AM
Cortez	Tina	OC	NOC
Diaz	Audriana	P	AM
Flores	Jennifer	000	FLOAT
Flores	Maricela	OC	AM
Fowler	Richard	FT	NOC
Galvan	Angela	FT	NOC
Gonzales	Abel	FT	AM
Gonzalez	Irasema	00	FLOAT
Maria	Gonzalez	FT	AM
Grayson	Linda	OC	NOC
Johnson	Berta	000	NOC
Kaundart	Denise	FI	NOC
Lopez	Gary	OC	FLOAT
Lopez	Nancy	00	AM
McDonald	Britany	OC	NOC
Miller	LoriAnn	000	FIOAT
O'imos	Diane	FT	AM
Peters	Vincent	FT	AM
Pulido	Hilda	FT	AM
Ramos	James	FT	NOC

Searcy

Shipman

Larrah Christi

3 2

FLOAT

AM

A

Rising Rosales

Christina

7

Savannah

피오

FLOAT

NOC

Charla

Sanchez

Santillan

Maria

Smith Silicato Tello Williams Weddle Vasquez Lindsey Lisa Staci Veronica Michelle Lilianna 90 耳 P 7 耳 NOC A ΑM A A

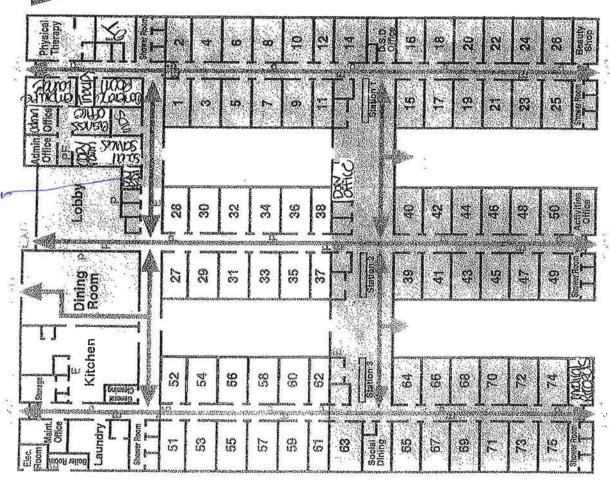
All employees work at the facility located at 4525 W. Tulare Ave., Visalia, CA.

## Nestgate Garden Care Center Evacuation Routes

## ZONES Zone 1 Zone 2 Zone 3 Zone 4 Zone 5 Zone 6 Zone 6 Zone 7

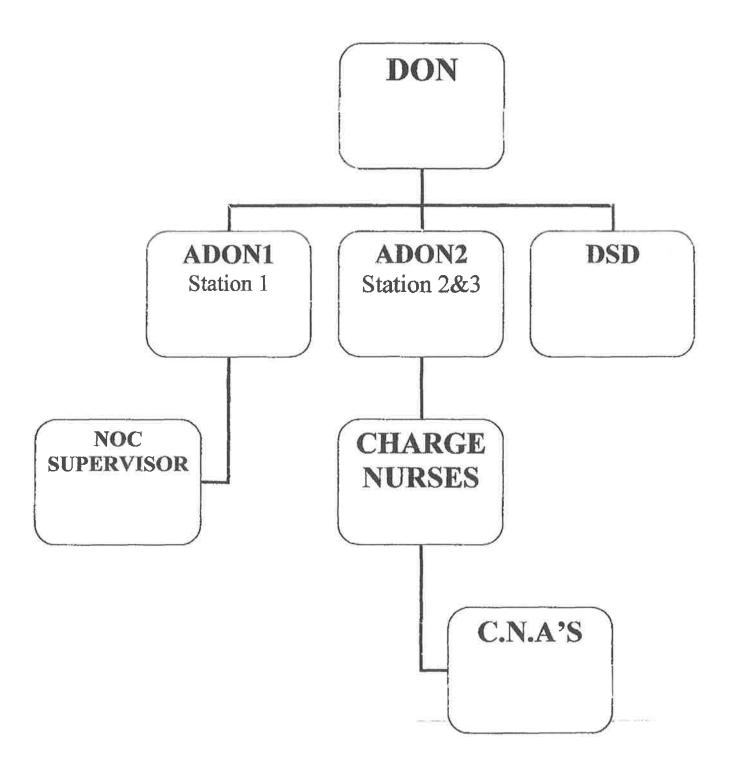
Evacuation Route
Fire Extinguisher
Pull Alarm
1 Hour Fire Door
3 Hour Fire Door

© 2005 INTERSIGN CORPORATION





## **Westgate Gardens Nursing Org Chart**



Employer's Ex: 2

## JOB DESCRIPTION Charge Nurse DEPARTMENT: Nursing

Filed: 12/11/2017

## POSITION:

As a member of the interdisciplinary team, the Charge Nurse assumes responsibility and accountability for nursing services delivered to all residents of a designated unit for the duration of the shift. The Charge Nurse provides direct care, administers treatments and medications, organizes and distributes daily assignments to direct care staff consistent with staff competency and each individual resident's comprehensive resident observation and plan of care. This position also supervises direct care staff, including participating in the hire and termination process, doing annual performance reviews and raises and performing disciplinary actions. This position makes decisions about resident care needs during shift within scope of clinical competence, consistent with facility policies and procedures.

## REPORTING:

This position reports to the Director of Nursing.

**FLSA STATUS:** 

Non-Exempt

## **ESSENTIAL JOB FUNCTIONS:**

- Make daily rounds on assigned unit at least at beginning and at end of shift to observe, assess or interview residents, to verify information for or from ongoing shift, to monitor regulatory compliance and to determine staff assignments or completion of assignments
- Develop and distribute resident care assignments to direct care staff. Assignments match resident needs with skills of direct care staff, and maintain consistency to the extent practicable. Adjust assignments according to availability of qualified staff. Change assignments if necessary during shift to meet resident needs
- Provide orientation to unit and unit routines to new staff members or staff from temporary agencies
- Perform performance evaluation reviews for staff, including determination of wage increases if applicable
- · Correct staff performance and administer discipline, if required
- Train and develop staff by conducting skills observations of nurse aides identifying learning needs and taking advantage of opportunities to teach on the unit.
- Keys information into computer systems, including EMR
- Describe care plan goals and approaches to direct care staff so that care plan is consistently implemented on all shifts by all caregivers. Seek input from nurse aides about resident condition, functional abilities, preferences and alternative approaches to care. Monitor delivery of care and services throughout shift to ensure needs are met, tasks are completed and that work of direct care staff is of acceptable quality and quantity
- Administer medications, treatments and provide direct care to residents on unit according to physician orders and in compliance with facility policies and procedures
- Perform physical observation of new admissions and current residents as indicated by change in condition or as required by regulation. Complete assigned sections of resident observation instruments used in facility
- Based on observation of the resident's condition, develop or revise the plan of care with interventions and time
  measurable objectives to assist each resident to attain or maintain highest practicable physical, mental and psycho
  social well being. Develop or revise the plan of care with participation of the interdisciplinary team members and
  resident to the extent feasible. Consult with and refer relevant resident care issues to attention of interdisciplinary care
  team members
- Coordinate care and delivery of services with all disciplines, outside agencies and community providers as required
- Respect rights of residents regarding freedom of choice, consent for care and services, refusals of treatment and
  implementation of advance directives if any. Promptly consult with nursing supervisor and Social Worker if unsure of
  proper course of action that respects resident's rights, comply with facility policies and procedures that is consistent
  with county, state and federal laws and regulations, as applicable, including abuse reporting

Revision Date: 03/01/14

- 569

USCA Case #17-1191 Document #1708342 Filed: 12/11/2017 Page 24 of 250

 Complete required documentation of care and services delivered during shift including subjective findings, objective symptoms, interventions and resident responses to interventions. Complete required documentation of special circumstances including accident/incident reports in compliance with facility policy and procedures and regulations

- Present to the on-coming shift or receives from the off-going shift charge nurse a report making special note of significant changes in condition, admissions, transfers, discharges, initiation or use of physical or chemical restraints, incidents, unexplained injuries, medication errors, loss of resident property or expression of resident and/or family complaint or concern
- Inform the resident in advance about care and treatment and any changes to the plan of care
- Immediately inform the resident, consult with the resident's physician and notify the designated family member and/or the resident's legal representative when there is an accident involving an injury which has potential for requiring physician intervention; a significant change in the resident's physical, mental or psycho social status; a need to alter treatment significantly or a decision to transfer or discharge the resident from the facility. Promptly notify the resident, designated family member and/or resident's legal representative when there is a change in room or roommate
- Report relevant information to the Supervisor including, interdisciplinary team functioning and communication, regulatory compliance issues, quality improvement issues, resident risk factors, sudden changes in resident behavior, expressed dissatisfaction by resident or family, refusals of treatment, unexplained injuries, staff conduct
- Monitor staff for compliance with OSHA mandates on workplace safety including hazard communication and blood staff member for post-exposure follow-up
- Report all injuries to self or others to supervisor immediately
- Take job actions with staff members under appropriate circumstances. Apply facility policies about progressive discipline correctly. Remove staff member from unit if necessary to avoid endangerment to health and safety of residents or other staff members. Report all job actions taken to supervisor promptly
- Attend in-service education programs as assigned. Apply information to job tasks
- Assist supervisor with preparation for long term care survey. Attend survey training, interacts with state surveyors as instructed by supervisor

## REQUIREMENTS:

- Follow all HIPAA guidelines
- Demonstrate knowledge of, and respect for, the rights, dignity and individuality of each resident in all interactions
- Appreciate the importance of maintaining confidentiality of resident and facility information
- . Demonstrate honesty and integrity at all times in the care and use of resident and facility property
- Knowledge of geriatric nursing principles and professional standards of nursing practice and ability to apply to resident specific circumstances. Able to identify, implement and evaluate appropriate objectives and interventions for residents
- Demonstrate competency in clinical skills needed for facility resident population
- · Demonstrate competency in observation of long term resident's physical, behavioral and functional status
- Working knowledge of laws and regulations that influence provision of care and services in nursing facilities
- Sufficient organizational and interpersonal skills to assign, motivate staff, elicit work output, improve quality and
  interact effectively with residents, families, interdisciplinary team members, facility staff, administration, government
  officials, consultants, visitors and others
- Able to understand and to follow written and verbal directions. Able to express self adequately in written and/or oral
  communication (including documentation in clinical records) with direct care staff, interdisciplinary team members,
  administration, and government officials
- Knowledge of emergency and disaster procedures of facility. Able to locate nearest exit, to understand and respond to written or oral instruction in case of emergency
- Sufficient mobility, and strength to move freely through the building, to assure resident safety at all times and to assist, transfer or otherwise move residents of facility out of danger in case of emergency

USCA Case #17-1191 Document #1708342 Filed: 12/11/2017 Page 25 of 250

- Demonstrate respect for co-workers and responds to needs of residents by complying with facility policies on attendance and punctuality and dress code. Able to arrive and to begin work on time and to report for duty as scheduled including weekends and holidays
- Working knowledge and ability to comply with facility policies and procedures for workplace safety including infection control procedures, application of standard precautions for blood borne pathogens, use of personal protective equipment and handling of hazardous materials
- Must be able to key information into computer systems
- Demonstrate ability to prioritize tasks/responsibilities and complete duties/projects within allotted time
- Able to respond to change productively and to handle additional tasks/projects as assigned
- Able to carry out the essential functions of this job (with or without reasonable accommodation) without posing specific, current risk of substantial harm to health and safety of self and others
- Other duties as assigned by the Director of Nursing

## **QUALIFICATIONS/REQUIREMENTS:**

Education: Graduate of accredited school of nursing

License: Current, active license as Registered Nurse or Licensed Vocational Nurse

Work Experience: Experience in long term geriatric nursing care and experience and/or training in supervision

preferred

### Language Skills:

 Must be able to read, analyze, and interpret common scientific and technical information, and to be easily understood through verbal communication in the English language.

## Mathematical Skills:

- Must be able to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals.
- Ability to perform these operations using units of weight measurement, and volume.

## Communication Skills:

- Must have exceptional communication and customer service skills, and be empathetic.
- Ability to effectively communicate with patients, families, responsible parties, staff and outside resources and agencies.

## PHYSICAL CAPACITIES: (With or Without the Aid of Mechanical Devices)

- Must be able to move intermittently throughout the workday.
- Must be able to see and hear or use prosthetics that will enable these senses to function adequately to ensure that the requirements of this position can be fully met.
- Must meet the general health requirements set forth by the policies of this facility which includes an annual TB screening and physical examination.
- Frequent bending, twisting and reaching.
- Must be able to lift and carry up to 25 pounds.
- Requires infrequent lifting of weight up to 100 pounds with assistance.
- Frequent pushing and pulling of medical carts/

USCA Case #17-1191 Document #1708342 Filed: 12/11/2017 Page 26 of 250

- Infrequent transporting of residents.
- Must be able to cope with the mental and emotional stress of the position.

## **ENVIRONMENTAL CONDITIONS:**

Inside work, normal temperatures, some noise, occasional fumes/odors, chemical exposure and potential exposure to bloodborne pathogens.

This job cannot be performed without exposure to the stresses associated with an intimate, 24 hour skilled care environment that delivers care and services primarily to disabled and cognitively impaired residents in an aging population. Examples of these stresses include, but are not limited to: emergency health or safety response, weekend and holiday duty, unusual or impaired behavior by residents, family reactions to having a loved one in a nursing home, death and dying, oversight of state surveyors, ombudsmen and federal officials, presence of consultants and attorneys, and variable involvement of medical staff.

Every effort has been made to identify the essential functions of this position. However, this in no way states or implies that these are the only duties you will be required to perform. The omission of specific statements of duties does not exclude them from this position.

I have read this job description and fully understand the requirements. I understand that proprietary information remains the property of the company and confidential information must remain within the confines of the company during and after employment. I hereby accept the position of Charge Nurse and agree to perform this position in a safe manner and in accordance with the facility's established procedures. I understand that as a result of my employment, I may be exposed to blood, body fluids, burn, infections diseases, air contaminants (including tobacco smoke), hazardous chemicals, and to the Hepatitis B virus, and that I will be responsible for following company policies and procedures when in contact with any of the situations described above.

I understand that my employment is at will. My employment is for no definite or determinable period and may be terminated at any time with or without prior notice at the option of either myself or the company. No promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the facility Administrator.

Employee

Supervisor

8/12/16

Filed: 12/11/2017

Date

Date

Et 5 4a 573

Every effort has been made to identify the essential functions of this position. However, this in no way states or implies that these are the only duties you will be required to perform. The omission of specific statements of duties does not exclude them from this position.

I have read this job description and fully understand the requirements. I understand that proprietary information remains the property of the company and confidential information must remain within the confines of the company during and after employment. I hereby accept the position of Charge Nurse and agree to perform this position in a safe manner and in accordance with the facility's established procedures. I understand that as a result of my employment, I may be exposed to blood, body fluids, burn, infections diseases, air contaminants (including tobacco smoke), hazardous chemicals, and to the Hepatitis B virus, and that I will be responsible for following company policies and procedures when in contact with any of the situations described above.

I understand that my employment is at will. My employment is for no definite or determinable period and may be terminated at any time with or without prior notice at the option of either myself or the company. No promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the facility Administrator.

Employee

Date

Supervisor

----

Every effort has been made to identify the essential functions of this position. However, this in no way states or implies that these are the only duties you will be required to perform. The omission of specific statements of duties does not exclude them from this position.

I have read this job description and fully understand the requirements. I understand that proprietary information remains the property of the company and confidential information must remain within the confines of the company during and after employment. I hereby accept the position of Charge Nurse and agree to perform this position in a safe manner and in accordance with the facility's established procedures. I understand that as a result of my employment, I may be exposed to blood, body fluids, burn, infections diseases, air contaminants (including tobacco smoke), hazardous chemicals, and to the Hepatitis B virus, and that I will be responsible for following company policies and procedures when in contact with any of the situations described above.

I understand that my employment is at will. My employment is for no definite or determinable period and may be terminated at any time with or without prior notice at the option of either myself or the company. No promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the facility Administrator.

Employee

Date

2111

Date

Every effort has been made to identify the essential functions of this position. However, this in no way states or implies that these are the only duties you will be required to perform. The omission of specific statements of duties does not exclude them from this position.

I have read this job description and fully understand the requirements. I understand that proprietary information remains the property of the company and confidential information must remain within the confines of the company during and after employment. I hereby accept the position of Charge Nurse and agree to perform this position in a safe manner and in accordance with the facility's established procedures. I understand that as a result of my employment, I may be exposed to blood, body fluids, burn, infections diseases, air contaminants (including tobacco smoke), hazardous chemicals, and to the Hepatitis B virus, and that I will be responsible for following company policies and procedures when in contact with any of the situations described above.

I understand that my employment is at will. My employment is for no definite or determinable period and may be terminated at any time with or without prior notice at the option of either myself or the company. No promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the facility Administrator.

**Employee** 

576

Page 30 of 250

USCA Case #17-1191 Document #1708342 Filed: 12/11/2017 Page 31 of 250



employee handbook

577

Ets

## Contents

ONE: Getting Acquainted	2	FIVE: Employee Benefits	14
Welcome	2	Eligibility	14
Right to Revise Handbook	2	Bereavement	14
Employment At-Will	2	Jury/Witness Duty	14
Equal Employment Opportunity	3	Group Insurance Plans	15
Anti-Harassment/Discrimination	3	COBRA	15
		401(k)	15
TWO: Communication	5	Workers' Compensation	16
Communication in English	5	SIX: Leaves of Absence	17
Open-Door Policy	5	SIX: Leaves of Absence	17
		Family and Medical Leave	17
<b>THREE: Employment Policies</b>	6	Types of Family and Medical Leave	18
Employment Classifications	6	Workers' Compensation Leave	20
Introductory Period	7	G T T T T T T T T T T T T T T T T T T T	
Job Duties	7	SEVEN: Work Rules	21
Performance Evaluation	7	Ethical Business Practices	21
Promotions	8	Conflict of Interest	21
Transfers	8	Confidentiality of Information	21
Termination of Employment	8	Resident Rights & Privacy Expectations	22
Exit Interviews	8	False Claims Act	23
Personnel Records	9	Solicitations, Collections and Petitions	23
Re-Hire	9	Media Contact	23
Length of Service	9	Drug-free and Alcohol-free Workplace	23
		Workplace Searches	24
FOUR: Wage and Hour	10	Smoking/Tobacco Usage	24
Pay Periods and Pay Days	10	Professional Courtesy & Behavior	25
Overtime	10	Suggestions	26
Calculation of Overtime	10	Bulletin Board	26
Time Records	11	Loitering	26
Work Hours	11	Travel Expenses	27
Rest and Meal Periods	11	Appearance and Dress	27
Lactation Accommodation	12	Safety in the Workplace	27
Attendance and Punctuality	12	Security in the Workplace	28
On-Call Time	12	Company Property	29
Travel Time	12	Personal Property	29
Inclement Weather/Natural Disasters	13	Electronic Communications System	29
Wage Garnishment	13	Use of Mobile Phones or Text Messaging While Driving	31
		Company In-Service/Staff Meetings	31
		Acknowledgement and At-Will Agreement	32

## **ONE:** Getting Acquainted

## Welcome

Welcome! As an employee of this Company, you are a very important member of a team effort to provide quality care to the residents we serve. We hope you will find your employment to be rewarding, challenging and productive.

Because our results and success depends upon the dedication and compassion of our employees, we are selective in choosing new members of our team. We look to you and your co-workers to contribute to the success of the Company.

This Employee Handbook is intended to explain the terms and conditions of employment of all full-time, part-time and on-call employees and supervisors. Individual written employment contracts between the Company and some individuals may supersede some of the provisions in this handbook.

This handbook summarizes the policies and practices in effect at the time of publication. This handbook supersedes all previously issued handbooks and any policy or benefit statements or memoranda that are inconsistent with the policies described here. To the extent the *Employee Handbook* is inconsistent with an applicable collective bargaining agreement; the collective bargaining agreement shall govern. Your supervisor or manager will be happy to answer any questions you may have. Again, welcome!

## Right to Revise Handbook

This *Employee Handbook* contains the employment policies and practices of the Company in effect at the time of its publication. All previously issued handbooks and any inconsistent policy statements or memoranda are superseded.

The Company reserves the right, to revise, modify, delete or add to any and all policies, procedures, work rules or benefits stated in this handbook or in any other document, except for the policy of "atwill" employment. However, any such changes will be in writing and must be signed by both the Administrator and the President.

Any written changes to this handbook will be distributed to all employees so that you will be aware of the new policies and procedures. No oral statements or representations can in any way alter the provisions of this handbook.

This handbook sets forth the entire agreement between you and the Company as to the duration of employment and the circumstances under which employment may be terminated. Nothing in this *Employee Handbook* or in any other personnel document, including benefit plans descriptions, creates or is intended to create a promise or representation of continued employment for any employee.

## **Employment At-Will**

Employment with the Company is at-will, unless otherwise specified in a written employment agreement. This means employment with the Company is not for any specified period and may be terminated by you or the Company at any time, with or without cause or advance notice. In connection with this

Filed: 12/11/2017

policy, the Company reserves the right to modify or alter your position, in its sole discretion, with or without cause or advance notice, through actions other than termination, including demotion, promotion, transfer, change in reporting relationships, reclassification or reassignment. In addition, the Company reserves the right to exercise its managerial discretion in imposing any form of discipline it deems appropriate. No person other than the President or an owner has the authority to enter into an agreement contrary to this statement. To be valid, such agreement must be specific, in writing and signed by the President of the Company or an owner of the Company and you.

## **Equal Employment Opportunity**

It is the policy of the Company to provide equal employment opportunities to all employees and employment applicants without regard to unlawful considerations of race, religion, color, national origin, sex, sexual orientation, gender identity, gender expression, age, disability, veteran status, marital status or any other classification protected by applicable local, state or federal laws. This policy applies to all aspects of employment, including, but not limited to, hiring, job assignment, compensation, promotion, benefits, training, discipline and termination. We are dedicated to take affirmative action to employ and promote protected veterans and qualified individuals with disabilities. Reasonable accommodation is available for qualified individuals with disabilities, upon request.

## **Anti-Harassment/Discrimination**

The Company is committed to providing a work environment free of any form of unlawful harassment or discrimination. Company policy prohibits sexual harassment and harassment or discrimination based on pregnancy, childbirth or related medical conditions, race, religion, creed, color, gender, national origin or ancestry, physical or mental disability, medical condition, marital status, registered domestic partner status, age, sexual orientation, or any other basis protected by federal, state or local law or ordinance or regulation. The Company's anti-harassment/discrimination policy applies to all persons involved in the operation of the Company and prohibits such conduct by any employee of the Company, including supervisors and managers, as well as vendors, customers, independent contractors and any other persons. It also prohibits harassment or discrimination based on the perception that anyone has any of those characteristics, or is associated with a person who has or is perceived as having any of those characteristics.

Sexual or other unlawful harassment or discrimination includes any verbal, physical or visual conduct based on sex, race, age, national origin, disability or any other legally protected basis if:

- i. submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or engagement;
- ii. submission to or rejection of such conduct by an individual is used as a basis for decisions concerning that individual's employment or engagement; or
- iii. it creates a hostile or offensive work environment.

Sexual harassment includes unwelcome sexual advances, requests for sexual favors and lewd, vulgar or obscene remarks, jokes, posters or cartoons, and any unwelcome touching, pinching or other physical contact. Other forms of unlawful harassment or discrimination may include racial epithets, slurs and derogatory remarks, stereotypes, jokes, posters or cartoons based on race, national origin, age, disability, marital status or other legally protected categories.

Employees or contract workers who feel that they have been harassed or discriminated against, or who witness any harassment or discrimination by an employee, customer, vendor or anyone else who does business with the Company, should immediately report such conduct to their supervisor, any other member of management or Human Resources.

Do not allow an inappropriate situation to continue by not reporting it, regardless of who is creating the situation. No employee, customer, vendor or other person who does business with this organization is exempt from the prohibitions in this policy. In response to every complaint, an investigation will be conducted and, if improper conduct is found, appropriate corrective action will be taken.

The Company encourages all employees to report any incidents of harassment forbidden by this policy immediately so that complaints can be quickly and fairly resolved. You also should be aware that the Federal Equal Employment Opportunity Commission (EEOC), the California Department of Fair Employment and Housing (DFEH), Utah's Anti-discrimination & Labor Division, and Arizona's Office of the Attorney General Civil Rights Division investigate and prosecute complaints of prohibited harassment in employment. If you think you have been harassed or that you have been retaliated against for resisting or complaining, you may file a complaint with the appropriate agency. The nearest office is listed in the telephone book or on-line.

The Company does not tolerate retaliation against any person who reports a claim of discrimination or unlawful harassment, cooperates in any investigation, or who initiates or assists in any action or proceeding, regarding unlawful harassment or discrimination. Incidents of retaliation should be reported immediately to your supervisor or to the Administrator.

USCA Case #17-1191 Document #1708342 Filed: 12/11/2017 Page 36 of 250

## TWO: Communication

## Communication in English

In order to operate safely, efficiently and consistently with the rights of our residents, English should be used in resident care areas and common areas typically occupied by residents and family members, unless the resident or family members are conversant in a foreign language and wish to communicate with staff in that language. For instructional purposes in resident care areas, languages other than English may be used with consideration for our residents and family members.

## **Open-Door Policy**

To facilitate open communication and promptly resolve problems, you are encouraged to bring any work-related questions or concerns to the attention of the Company. The Company welcomes such discussions because it allows the Company to maintain a productive and harmonious atmosphere. You will not be subject to any adverse employment actions for raising good-faith concerns in a professional manner.

Although any member of management may be contacted to discuss a problem or concern, the Company recommends that you try to resolve the situation first with your immediate supervisor, as that person is generally in the best position to evaluate the situation and provide an appropriate solution.

If you are not satisfied with the supervisor's decision, or you are uncomfortable discussing the issue with the immediate supervisor, you may go to the next level of management. To ensure that problems or complaints are properly addressed, you are encouraged to submit complaints or concerns in writing. Although the Company will strive to reach a result that is satisfactory to all parties concerned, the Company must maintain its ability to make decisions that are in the best interests of the Company as a whole.

At any point in the process, you may contact Human Resources for guidance at (760) 471-0388. For complaints involving potential harassment or discrimination, please refer to the *Anti-Harassment/Discrimination* policy in this handbook.

- 582

### **Employment Classifications**

All employees are assigned a classification upon hire, transfer, position change or rehire. Below are definitions of the various employment classifications:

#### **Full-Time Employees**

Those who are regularly employed in positions of a continuing nature, who work thirty (30) hours or more per week on a regular basis. Full-time employees are eligible for benefits subject to the terms and conditions of the benefit plan or policy.

#### **Part-Time Employees**

Those who are regularly employed in positions of a continuing nature, who work less than thirty (30) hours per week on a regular basis. Part-time employees are not eligible for benefits except as expressly described herein.

### **Regular Employees**

Those who are hired to work on a regular schedule. Regular employees may be full-time or part-time.

#### **On-Call Employees**

Those who work on an irregular basis and are not employed in a position of a continuing nature, and/ or those who work on an as needed basis. On-call employees are not eligible for benefits except as expressly described herein.

### **Temporary Employees**

Those who are hired for a specific period of time, not to exceed ninety days. Temporary employees may work full-time or part-time hours, but are not eligible for benefits except as required by law. An employee's temporary status will not automatically change merely by working longer than the period originally designated. A temporary employee who accepts a regular, full-time position will be reclassified to full-time status, and will become eligible for benefits after successful completion of their *Introductory Period*.

#### **Exempt**

Exempt status is determined by federal and state law. In general, exempt employees are those engaged in executive, managerial, high-level administrative and professional jobs who are paid a fixed salary and perform certain duties. Exempt employees are not subject to the minimum wage and overtime laws.

#### Non-Exempt

All employees who are covered by the federal or state minimum wage and overtime laws are considered nonexempt. Employees working in nonexempt jobs are entitled to be paid at least the applicable minimum wage per hour and a premium for overtime.

#### Salaried Employees

Those who are offered and paid a salary, and who are generally exempt employees. However, placing an employee on a salary does not exempt that employee from the overtime provisions of the FLSA or other applicable state laws. A non-exempt employee who has been placed on salary remains eligible for overtime.

#### **Hourly Employees**

Those who are offered and paid an hourly rate, and who are generally non-exempt.

### **Introductory Period**

Your first ninety days of employment are considered time for you and your supervisor and/or department manager to become acquainted. The *Introductory Period* provides both you and the Company an opportunity to evaluate the suitability of the job you have been assigned.

At the discretion of your supervisor or department manager, your *Introductory Period* may be extended one time for thirty days. If an employee's performance does not meet Company standards, they may be terminated during the *Introductory Period*, or during an extension, without notice. During the *Introductory Period*, employees are not eligible for and do not accrue benefits.

Successful completion of the *Introductory Period* or extension does not alter the at-will nature of employment with the Company.

### **Job Duties**

Your supervisor will explain your job responsibilities and the performance standards expected of you. Please be aware that your job responsibilities may change at any time during your employment. From time to time, you may be asked to work on special projects or to assist others with their work. These assignments are necessary or important to the operation of your department or to the Company as a whole. Your cooperation and assistance in performing such additional work is appreciated and expected.

We value safety in the workplace. You are expected to perform the duties of your position safely at all times. Additionally, you are expected to perform your job duties in an appropriate manner at the assigned times. You must be at your workstation, ready to work, at the start of your work period. You are expected to focus your full attention on your duties while at work.

The Company reserves the right, at any time, with or without notice, to alter or change job responsibilities, reassign or transfer job positions, or assign additional job responsibilities.

### Performance Evaluation

Performance evaluations provide means for you and your supervisor to discuss your work performance, including such factors the quality and quantity of your work, your knowledge of the job, your initiative, your work attitude, and your attitude toward others. It is also the time to set goals and objectives for performance improvement.

You will receive periodic performance evaluations. Generally, your first review will be upon the completion of your *Introductory Period*. After your initial review, performance evaluations will be conducted annually, on or about your employment anniversary date.

Please recognize that a positive performance does not guarantee a raise in pay. Wage increases are solely at the discretion of your supervisor and the Administrator, and depend on many factors besides your job performance.

At the end of your performance evaluation, you will be asked to sign the performance evaluation simply to acknowledge that it has been discussed with your supervisor and that you are aware of its contents. Your signature does not imply agreement.

### **Promotions**

The Company is interested in the advancement of our employees through career growth within the Company. Employees in the *Introductory Period* and employees not in good standing will not be considered for promotion.

### **Transfers**

In order to be eligible for a transfer to an affiliated Company, you must complete six (6) consecutive months of service with the current Company and/or be in your current position for at least six consecutive months. You must also have demonstrated satisfactory performance in your current position. However, this does not guarantee that a transfer will be approved.

You are responsible for notifying your current Administrator of your interest in a transfer. Lack of notification may result in you being ineligible for transfer. Both your current Administrator and the Administrator of the new location must mutually agree on the transfer and the transfer's effective date.

If approved for a transfer, your original hire date, annual review date and seniority remain constant for purposes of annual performance evaluations and pay rates.

# **Termination of Employment**

Employment at the Company is at-will, and may be terminated by you or the Company at any time for any reason. Notice is not required, but is appreciated.

In the event of either voluntary termination or involuntary termination, your final paycheck will be issued in a timely manner, in accordance with the regulations set by federal, state, or local law.

At the time of termination, you must return any Company property issued to you during the course of your employment. These items may include, but are not limited to, keys, handbooks, manuals, books, business records, telephone directories, office supplies, credit cards, or automobile.

#### **Exit Interviews**

The Company provides an opportunity for all departing employees to participate in an exit interview. One of the purposes for this interview is to make sure that you are not leaving because of a misunderstanding or condition that could be remedied by either you or the Company. The Company is also interested in any information that could help improve working conditions and resident care. If an interview is not conducted and you would like to have one, you should contact your immediate supervisor or the Administrator.

USCA Case #17-1191 Document #1708342 Filed: 12/11/2017 Page 40 of 250

### **Personnel Records**

We are required by law to maintain accurate records on each employee. It is your responsibility to advise the HR/Payroll Coordinator of any changes regarding your address, telephone number, social security number, emergency notification, or any other significant information. You may review your personnel file by completing a "Request to Review Personnel File" form and arranging an appointment with the Administrator.

#### Re-Hire

A former employee who is re-hired by the Company within ninety days of his or her termination date is considered a re-hired employee and will retain his or her seniority and original hire date. Seniority and original hire date impacts certain benefits, including group health and dental insurance, vacation accrual and certain leaves of absence.

An employee re-hired more than ninety days of his or her termination date will be required to complete a ninety-day *Introductory Period*, and will not be eligible for benefits until the successful completion of the *Introductory Period*, unless otherwise allowed by the applicable benefit plan.

# **Length of Service**

Length of service is determined by the period of time an employee has worked for the Company. It includes the time for which the employee has received pay. It also includes certain periods of time for which the employee may be given credit (even though not actively at work), such as a leave of absence.

In most cases, the anniversary date will be used to determine the length of service. Length of service may be a factor in decisions on scheduling time off, job promotions, transfers, benefits, and reductions in force.

# Pay Periods and Pay Days

Employees are paid semi-monthly. The pay periods are from the first day through the fifteenth day of the month, and from the sixteenth day of the month through the last day of the month. Unless otherwise noted, paydays are the 25th and the 10th of each month for the prior pay period.

Filed: 12/11/2017

If the designated payday falls on a weekend, checks will be distributed on the previous Friday. When the designated payday occurs on a holiday, management will designate another date as payday.

Employees not working on payday may pick up their paycheck in the place designated by the Company during the hours specified. In the event an employee is unable to pick up their paycheck on payday, their paycheck will be held in a secured place until they are able to pick it up. Prior **written** authorization is required for a designee to pick up an employee's paycheck.

The Company does not permit pay advances of any kind. Any questions concerning employee paychecks should be addressed to your supervisor and/or the HR/Payroll Coordinator.

### **Overtime**

Nonexempt employees may be required to work beyond their regularly scheduled workday whenever it is deemed necessary or appropriate by their supervisor or Company management. The Company will attempt to provide reasonable advance notice, but that may not always be possible. Employees are expected to cooperate with such requests. Nonexempt employees will be paid an overtime premium of one and one-half times their regular hourly rate of pay for all hours worked in excess of forty (40) per workweek. Nonexempt employees may not work overtime without the prior approval of their supervisor. Employees who fail to comply with this policy may be subject to disciplinary action up to and including termination of employment. Exempt employees are not eligible for overtime pay.

# Calculation of Overtime

Compensation for authorized overtime will be paid to nonexempt employees in accordance with applicable state and federal laws. In calculating eligibility for overtime compensation, only hours actually worked will be included. Hours paid but not worked, such as sick, vacation, holiday, etc., are **not** counted when overtime is calculated.

For the purpose of calculating an employee's entitlement to overtime compensation, the "workday" means the 24-hour period that begins at 12:01 a.m. and ends at midnight. The "workweek" means the 7-day period that begins at 12:01 a.m. Sunday and ends at midnight the following Saturday.

Alternative work schedules – approved by administration and elected by the affected employees – are an exception to state overtime laws. When in place, overtime paid to employees under the "alternative" work schedule will be paid in accordance with state law and the applicable alternative work schedule.

USCA Case #17-1191 Document #1708342 Filed: 12/11/2017 Page 42 of 250

### Time Records

Time records are official Company documents. All non-exempt employees are responsible for properly using the automated time clock system. Time must be accurately recorded on a daily basis. The start and end of the workday, as well as the start and end of the meal period and any personal time off, must be recorded. You may not take work home without the express advance approval of the Administrator. If such approval is given, you must properly record all hours worked at home. In addition, you must report any time spent responding to a work-related phone call, email or text after your working hours.

You may not record time for, or alter the time record of, another employee. Additionally, you must verify the accuracy of your time records and immediately notify the HR/Payroll Coordinator of any corrections.

You are responsible for abiding by your scheduled work hours and notifying your supervisor or the HR/ Payroll Coordinator of any errors or questions regarding your time record. Any attempt to sabotage the automated time keeping system, or falsify hours worked, is a violation of this policy, and you will be subject to disciplinary action up to and including termination.

### **Work Hours**

Unless directed differently by your supervisor or Administrator, shift hours are as follows:

11:00 pm - 7:00 am 7:00 am - 3:00 pm 3:00 pm - 11:00 pm

Hours for office staff are from 8:00am to 5:00pm. Changes to work hours may be made at any time if deemed necessary.

# **Rest and Meal Periods**

Nonexempt employees are provided with one 10-minute rest period for every four-hour period of work or major portion thereof. To the extent possible, each rest period should be taken in the middle of the four-hour work period. This time is counted and paid as time worked. Therefore, you must not be absent from your workstations beyond the allotted rest period time.

Nonexempt employees scheduled to work more than five hours in a workday are provided with a 30-minute unpaid, duty-free meal period. In the event that six hours will complete your shift and you have entered a written meal period waiver, you may voluntarily elect to forgo the meal period. Supervisors will schedule meal periods to accommodate operating requirements.

### **Lactation Accommodation**

To help working mothers achieve the American Academy of Pediatrics recommendation that women breastfeed until children are at least one year of age, the Company will provide a reasonable amount of break time to accommodate an employee desiring to express breast milk for the employee's infant child. When possible, the break time should coincide with the employee's paid rest period. A location will be provided that allows the employee privacy. Please see your Administrator to arrange accommodation.

Filed: 12/11/2017

# **Attendance and Punctuality**

As a vital part of the team, we count on you to arrive to work on time and as scheduled. If, for any reason, you are unable to come to work, you are required to contact your supervisor or other designated person at least two hours before your scheduled arrival. The same applies if you are going to be late for work.

Please talk to your supervisor or Administrator regarding the standard for excessive absenteeism and tardiness, as defined by the Company. Information on attendance standards will be communicated during orientation. Excessive absences or tardiness may result in disciplinary action up to and including termination.

Failure to report to work, without notifying your supervisor, is commonly called a "no-call, no-show". Any employee who is a no-call, no-show for one or more consecutive days is considered to have voluntarily resigned from his or her position. Exceptions may be made in emergency situations.

Employees absent for medical reasons for three or more consecutive days are required to provide a physician's note, signed and dated by the physician, verifying the absence.

### **On-Call Time**

On-call employees will be paid when they arrive at work and begin working and will cease to be paid when they stop working.

If on-call coverage is performed from home, the employee will be paid for actual time spent responding to phone calls or actual time spent on work-related projects.

The employee will not be paid time when they are free to engage in their own pursuits, and only subject to leaving word as to where they can be reached.

# **Travel Time**

If you travel on Company business, you are expected to conduct yourself in a professional manner and to follow all established conduct and work rules.

Travel time to and from your home to your regular place of work and back again is not considered time worked. If you begin travel from home, time spent in the normal home-to-work commute should be deducted from travel time and will not be counted in the compensated travel time calculated.

If sent out of town on a one-day assignment, all your time will be counted as hours worked except time that would normally be spent at meals, or traveling to and from your regular place of work.

Filed: 12/11/2017

If you are sent out of town on an assignment that involves overnight stay, travel time during normal work hours will be counted as hours worked. Normal meal breaks will be deducted. Time spent at meals, recreation or sleep after reaching the destination is not counted as work time.

Travel from one Company job site to another will be considered as work time.

Your supervisor must approve all travel time in advance. Failure to secure advanced approval may result in disciplinary action.

### **Inclement Weather/Natural Disasters**

In the event of severe weather or a natural disaster that prevents employees from safely traveling to and from work, the following policies apply:

- Inclement Weather: If weather conditions prevent you from safely traveling to work, you must notify your supervisor or department head as soon as possible by telephone, if telephone service is functional, or by any other available means, that you will be taking an *unpaid* day off.
- Natural Disasters: In the event of a natural disaster such as an earthquake, fire or explosion,
  please contact your supervisor or department head immediately if possible. Work time missed
  due to natural disasters is unpaid time. Employees are expected to assist, where possible, at work
  in the event of a natural disaster.

# Wage Garnishment

The Company discourages the practice of having your wages attached for personal debts. However, we will abide with all requirements under the law in making deductions from your wages for garnishments. We reserve the right, to the extent allowed by law, to assess a fee in the event garnishment notices or wage deduction orders are received.

# USCA CESEVIE: 119 in ployeen Benefits

Filed: 12/11/2017 Page 45 of 250

We value our employees and appreciate the jobs you do. To show our appreciation to our employees, we offer a package of insurance and time off benefits.

Please note that this handbook contains only a summary of benefits. You should also be aware that benefit plans might be changed or amended at any time. For the latest benefit information, or if you have any questions, please see your supervisor or HR/Payroll Coordinator.

# Eligibility

To be considered eligible to receive most of the benefits listed, you must be a full-time employee who is regularly scheduled to work thirty or more hours a week and who has satisfactorily completed their *Introductory Period*.

Any benefits with different eligibility requirements than listed above will have those requirements listed.

### Bereavement

Paid bereavement leave is available to all full-time employees who have satisfactorily completed their *Introductory Period*. Three days paid bereavement leave is given for the loss of an employee's immediate family member, including spouse, domestic partner, children, grandchildren, parents, grandparents, siblings, or a relative who resides in the employee's household.

Upon the approval of an employee's supervisor, requests for additional days of unpaid bereavement leave may be granted to full-time employees who need additional time off. Additionally, upon approval of an employee's supervisor, unpaid bereavement time off may be granted for employees who are not otherwise eligible for paid bereavement leave or for employees who wish to attend the funeral of persons other than immediate family members.

# Jury/Witness Duty

We encourage employees to fulfill their civic responsibilities by serving jury duty when required or appearing in court for witness duty when subpoenaed to do so. Full-time employees who have satisfactorily completed their *Introductory Period* are eligible for ten days paid leave when summoned for jury or witness duty. Different rules may apply to exempt employees.

You must show the jury duty summons or subpoena to your supervisor and provide a copy to the HR/ Payroll Coordinator as soon as you receive it so that the supervisor can make arrangements to accommodate your absence. You are expected to report for work whenever the court schedule permits.

The Company will pay employees their regular wages for regularly scheduled working day(s) spent on jury duty, less any compensation the employees receives for jury service.

Jury or witness duty pay is based upon regular wages, and does not include shift differential. Time paid for jury or witness duty will not be included in the calculation of overtime.

USCA Case #17-1191 Document #1708342 Filed: 12/11/2017 Page 46 of 250

### **Group Insurance Plans**

During orientation, employees will receive information regarding the group insurance plan offered by the Company. This information includes eligibility requirements, enrollment procedures, and employee contribution rates.

If you are eligible for the group insurance plans but elect to waive coverage, you will be required to sign a waiver of insurance coverage, and will not be eligible to enroll until the next open enrollment period. Please see your HR/Payroll Coordinator for open enrollment times.

If you have a qualifying event during employment, you may enroll yourself and/or your dependents in this plan, provided that you have had a qualifying event AND request enrollment within thirty (30) days of the qualifying event. Qualifying events include loss of other coverage, marriage, birth, or adoption.

Most group coverage begins the first of the month after the employee completes their *Introductory Period*. Please see your HR/Payroll Coordinator for plan details and enrollment information.

### **COBRA**

Continuation of insurance coverage is available for all employees, their spouse and/or dependents due to termination of employment, reduction in hours to an ineligible status, marital separation, divorce, death, or other qualifying events.

It is the employee's responsibility to notify the Company of the occurrence of a qualifying event. You must notify the Company HR/Payroll Coordinator, who administers COBRA, within thirty (30) days of any qualifying events that may lead to, or extend, COBRA coverage. Failure to provide notice of a qualifying event may affect the right to continued coverage. Please see your HR/Payroll Coordinator for details regarding COBRA.

# 401(k)

To help you prepare for the future, the Company provides a 401(k) Plan as part of its benefits package. All regular full-time, regular part-time, or on-call employees, may start participating in this plan as soon as they meet the eligibility period. For plan details, please see your HR/Payroll Coordinator.

With this plan, you may save up to twenty (20) percent of your pay on a before-tax basis. By saving on a before-tax basis, you reduce the taxes you pay today and delay paying taxes on the money you save, as well as your account earnings, until you withdraw the money from the plan.

Filed: 12/11/2017

In addition to your contributions, the Company will match 10% of the first 4% of pay that you defer, after you have completed one year of service. You vest, or gain ownership, in the matching contributions based on the schedule below.

Years of Service	Total Amount Vested
0-1	0%
1	25%
2	50%
3	75%
4	100%

# Workers' Compensation

The Company carries Workers' Compensation insurance coverage as required by law to protect employees who are injured on the job. This insurance provides medical, surgical and hospital treatment in addition to payment for the loss of earnings that result from work related injuries. The cost of this coverage is paid entirely by the Company.

If you are injured while working, you must report the injury **immediately** to your supervisor or workers comp coordinator, no matter how minor the injury may be. Any questions regarding the Workers' Compensation insurance program should be directed to the Administrator.

To ensure employees of quality care in case of a work-related injury or illness; we will direct you to an appropriate health care provider within our medical provider network (MPN), unless you have pre-designated your personal physician. Employees who have pre-designated a physician may, with some exceptions, be transferred to an MPN physician after your first visit.

If you choose to pre-designate, the designated doctor must be your primary care physician, agree to be your pre-designated physician, have directed your treatment prior to being pre-designated, and must have control of your medical records and history. Pre-designation must be on file with the Company prior to the occurrence of any work-related injury.

USCA Case #17-1191 Document #1708342 Filed: 12/11/2017 Page 48 of 250

# SIX: Leaves of Absence

While regular attendance is crucial to maintain business operations, the Company recognizes that, for a variety of reasons, you may need time off from work. The Company has available several of types of leaves of absence. Some leaves are governed by law and others are discretionary. For all planned leaves, however, you must submit a request at least thirty (30) days in advance; in case of an emergency, the request should be made as soon as you become aware of the need for leave. All leaves must have the approval of Company management.

All requests for a leave of absence will be considered in light of their effect on the Company and its work requirements, as determined by Company management, which reserves the right to approve or deny such requests in its sole discretion, unless otherwise required by law. For disability-related leave requests, the Company will engage in an interactive process with you to determine if a leave is the most appropriate accommodation. You must provide a certification from your health care provider or authorize the health care provider to release the required information to the Company to support a leave for medical reasons. Failure to provide the required certification and/or authorization to the Company in a timely manner may result in delay or denial of leave. If you fail to return to work on the first workday following the expiration of an authorized leave, you will be deemed to have voluntarily resigned from the Company and will be taken off the payroll. Should you require an extension of leave, you must request such extension and have it approved before the expiration of the currently approved leave.

While the Company will make a reasonable effort to return you to your former position or a comparable position following an approved leave of absence, there is no guarantee that you will be reinstated to your position, or any position, except as required by law.

All leaves are unpaid, except as specified below:

- 1. Employees who are on leaves of absence will not accrue vacation or sick leave benefits during leave;
- 2. Employees may use any accrued vacation and, if applicable, sick leave upon request; and
- 3. Group health insurance coverage will be continued during a leave of absence provided you pay your share of the premiums. Use of vacation and/or paid sick leave during an otherwise unpaid leave will not extend the period of an approved leave of absence.

Holidays that fall during a leave of absence will not be paid.

# Family and Medical Leave

#### **Eligibility and Requests for Leave**

Eligible employees may request a family and medical leave of absence under the circumstances described below. Eligible employees are those who have been employed by the Company for at least twelve (12) months (not necessarily consecutive), have worked at least 1,250 hours during the twelve (12) months immediately prior to the family and medical leave of absence, and are employed at a worksite where there are 50 or more employees within 75 miles.

You must request a planned family and medical leave at least thirty (30) days before the leave begins. If the need for the leave is not foreseeable, you must request the leave as soon as practicable (within one (1) to two (2) business days of learning of the need for leave). You should use the Request for Leave of Absence form, available upon request from Human Resources. When seeking leave under this policy, you must provide the Company with a certification establishing eligibility for leave. When leave is requested, the Company will notify you of the requirements for obtaining certification and when the certification is due. Failure to comply with this requirement may result in a delay of the start of the leave.

Filed: 12/11/2017

#### Benefits While on Leave

During a Family and Medical Leave, group health benefits will be maintained for the duration of the family and medical leave as if you were actively working. You must continue to pay your share of applicable premiums (for the employee and any dependents) during the leave. You will not continue to accrue vacation or sick leave while on a leave of absence.

#### Pay While on Leave

Family and medical leave is unpaid leave; however, you may use any accrued but unused vacation or sick pay while on leave, in accordance with the terms of the Company's vacation and sick leave policies. In addition, if you are receiving workers' compensation benefits or disability insurance benefits during a family and medical leave, you may also use vacation and/or sick pay, as applicable, to supplement those benefits up to 100% of base pay. You must follow regular Company policies with regard to the use of vacation and/or sick pay. Use of vacation, sick and/or any other paid leave benefits will not extend the period of the approved leave.

#### **Return From Leave**

If you do not return to work on the first workday following the expiration of an approved family and medical leave, and have not requested an extension of leave in advance, with appropriate documentation, you will be deemed to have resigned from your employment. When returning from such a leave, you will normally be reinstated to your original or an equivalent position and will receive pay and benefits equivalent to those received prior to the leave, as required by law.

In certain circumstances, "key" employees may not be eligible for reinstatement following a family and medical leave. The Company will provide written notice to you if you are a "key" employee who is not eligible for reinstatement.

If you have any questions concerning or would like to submit a request for a Family and Medical Leave of absence, please contact the Human Resources department.

### Types of Family and Medical Leave

#### Traditional Family and Medical Leave

A family and medical leave may be taken for the following reasons:

- 1. The birth of your child or the placement of a child with you for foster care or adoption, so long as the leave is completed within twelve (12) months of the birth or placement of the child;
- 2. The care of your spouse, child, or parent with a serious health condition; or

595

#### 3. Your own serious health condition.

A "serious health condition" is one that requires inpatient care in a hospital or other medical care Company or continuing treatment or supervision by a healthcare provider. You may take a leave under paragraph (2) above only if, due to a serious health condition, your spouse, child, or parent requires your care or assistance as certified in writing by the family member's healthcare provider. If you are seeking a leave under paragraph (3) above, you must provide the Company with a medical certification from your healthcare provider establishing eligibility for the leave, and must provide the Company with a release to return to work from the healthcare provider before returning to work. When leave is requested, the Company will notify you of the requirement for medical certification and when it is due.

Family and Medical Leave may be taken for up to twelve (12) workweeks during the designated 12-month period. The 12-month period will be calculated based on a rolling 12-month period, measured backward from the date you use any family and medical leave. All time off that qualifies as family and medical leave will be counted against your state and federal family and medical leave entitlement to the fullest extent permitted by law.

If both spouses are employed by the Company, the spouses may be limited to take only a combined total of twelve (12) weeks of leave during the designated 12-month period if leave is taken due to the birth of an your child, the placement of a child with you for foster care or adoption, or to care for your parent's serious health condition, unless a longer period is otherwise permitted by law.

#### Military Caregiver Leave

Employees who are eligible for Traditional Family and Medical Leave ("FMLA") may also request leave if their spouse, child, parent, or next of kin meets the definition of an injured or recovering "covered service member." "Next of kin" is defined as the closest blood relative of an injured or recovering covered service member.

"Covered service member" is defined as: (1) any member of the armed forces, including the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy; is otherwise in outpatient status; or is otherwise on the temporary-disability retired list for a serious injury or illness; or (2) who is a veteran who is undergoing medical treatment, recuperation or therapy, for a serious injury or illness and who was a member of the Armed Forces, (including a member of the National Guard or Reserves) at any time during the period of five (5) years preceding the date on which the veteran undergoes the medical treatment, recuperation, or therapy.

If you are seeking a leave under this policy, you must provide the Company with a medical certification from the injured service member's healthcare provider establishing eligibility for leave. When leave is requested, the Company will notify you of the requirement for medical certification and when it is due.

Military Caregiver Leave is a type of FMLA leave and may be taken for up to twenty-six (26) workweeks in a 12-month period. The 12-month period begins on the first day that you take Military Caregiver Leave and ends twelve (12) months after that date. Any other FMLA leave taken during the same 12-month period will be counted against your leave entitlement under this policy. All time off that qualifies as Military Caregiver Leave or Traditional FMLA leave will be counted against your statutory family and medical leave entitlements to the fullest extent permitted by law.

If spouses are both employed by the Company, the spouses are permitted to take only a combined total of twenty-six (26) weeks of Military Caregiver Leave, or any combination of such leave and Traditional FMLA leave, in a 12-month period.

Filed: 12/11/2017

#### **Qualifying Exigency Leave**

This leave is available to a family member of a military member in the National Guard, Reserves, or regular armed forces.

Employees who are eligible for Traditional Family and Medical Leave ("FMLA") may also request leave to attend to an exigency or emergency situation arising out of the fact that a spouse, son, daughter, or parent is on covered active duty (or has been notified of an impending call or order to covered active duty) in the armed forces. The term "covered active duty" means: (1) in the case of a member of the armed forces, duty during the deployment of the member with the armed forces to a foreign country; and (2) in the case of a member of the Reserves, duty during the deployment of the member with the armed forces to a foreign country under a call or order to active duty.

Qualifying exigencies include issues arising from a covered military members' short-notice deployment (i.e., deployment on seven or fewer days of notice) for a period of seven days from the date of notification; military events and related activities that are related to the covered active duty or call-to-active-duty status of a covered military member; certain childcare and related activities; making financial or legal arrangements; attending counseling; taking up to five days of leave to spend time with a covered military member who is on short-term temporary rest and recuperation leave during deployment; and attending to certain post-deployment activities.

If you are seeking a leave under this policy, you must provide the Company with a certification establishing eligibility for leave. When leave is requested, the Company will notify you of the requirements for certification and when it is due.

Qualifying Exigency Leave is a type of FMLA leave and may be taken for up to twelve (12) workweeks in the normal 12-month period established by the Company for Traditional FMLA leave. All time off that qualifies as Qualifying Exigency Leave will be counted against your state and federal family and medical leave entitlement to the fullest extent permitted by law.

# Workers' Compensation Leave

A Workers' Compensation leave will be granted when the treating physician certifies that an employee is physically unable to work due to a work-related illness or injury. While on Workers' Compensation leave, an employee will receive Workers' Compensation benefits, including paid lost time from work and payment of medical expenses associated with the work-related or injury.

Employees returning from Workers' Compensation leave must provide medical certification from the treating physician.

USCA Case #17-1191 Document #1708342 Filed: 12/11/2017 Page 52 of 250

# **SEVEN: Work Rules**

### **Ethical Business Practices**

As an employee, you are responsible for personally maintaining a high standard of ethical and legal conduct. Ethical business practices include any business dealing that relates to residents, visitors, vendors, co-workers, competitors or government agencies.

It is unethical to solicit, offer or accept, directly or indirectly, any gift, favor, loan, or other item of significant monetary value in order to receive any financial enrichment beyond the normal compensation provided by the Company.

You are not allowed to accept gratuities, gifts, loans or kickbacks of any kind from residents, family members or vendors. If the family or resident tries to give you something in gratitude for your care, tell them that you appreciate it; however, you are simply doing your job, and are not permitted to accept gifts.

If you are faced with other circumstances, which may appear to conflict with this policy, you are encouraged to speak to your supervisor.

If you believe you have witnessed unethical practices in the workplace, please report it immediately to the Administrator.

### Conflict of Interest

In order to protect its business interests, the Company expects you to refrain from engaging in any activities or interests, economic or otherwise, that are contrary to the best interests of the Company or that adversely affect your job performance. This precludes working for yourself or another person or entity that offers goods or services that are competitive with those offered by the Company. You are further prohibited from performing work for any other entity or employer during work time or at any time while on Company premises. While you are not prohibited from engaging in any outside employment, as a preventative measure, you must notify the Administrator of your participation in any outside business or employment so that the Company may determine whether a direct conflict exists that would materially and substantially disrupt Company operations. If the Administrator determines there is such a conflict of interest, the Company will take action, as appropriate, to eliminate the conflict.

### Confidentiality of Information

It is your responsibility to safeguard the privacy of resident's protected health information (PHI) from improper use and disclosure as it relates to the Company, residents, families or other employees, and in accordance with Health Insurance Portability and Accountability Act (HIPAA) requirements. Under no circumstances may any employee remove, reproduce or disclose such confidential information to any unauthorized person. Employees must obtain authorization from a supervisor before disclosing any health information relating to a resident.

USCA Case #17-1191

Every resident and family member is entitled to courteous and outstanding service given impartially to all. You are expected to observe the highest standards of ethics and good judgment in performing your duties as a representative of the Company. You are expected to refrain from:

- · Accepting gifts or tips from residents or family members;
- Accepting cash or cash equivalents for referrals;
- · Accepting hospitality or entertainment that could influence your independent judgment;
- Providing gifts or gratuities to any government or public agency representative;
- Soliciting financial contributions, selling merchandise or otherwise engaging in any form of solicitations from residents or family members during your working time or in immediate resident care areas at any time;
- Distributing literature, printed material, or merchandise of any kind to residents or family members; and/or
- Entering the work areas of the Company while off duty unless for the purpose of visiting a resident or other purpose expressly permitted by law.

Additionally, certain resident rights are enforced by federal and state laws, and in accordance with HIPAA requirements. The Company and all employees have a legal responsibility to communicate and preserve these rights as outlined in the *Code of Conduct*.

All residents have a right to a dignified existence that promotes freedom of choice, self-determination, and reasonable accommodation of individual needs. The Company will not tolerate any type of discrimination, abuse or neglect, including:

- · Discriminatory admissions or improper denial of access to care;
- Verbal, mental or physical abuse, corporal punishment, and/or involuntary seclusion;
- Improper use of physical or chemical restraints;
- Failure to provide appropriate access to resident records upon request, and to ensure that the
  privacy and confidentiality for those records are protected;
- Denial of a resident's right to participate in his or her care and treatment;
- · Failure to safeguard a resident's financial affairs; and/or
- Failure to safeguard the privacy of resident's protected health information (PHI) from improper use and disclosure.

Employees and contractors are responsible for reporting any instances of observed or suspected abuses or neglect to the Administrator. Management will report credible allegations of resident harm to the appropriate authorities in accordance with federal or state laws.

Page 53 of 250

You will receive a list of these rights in the *Code of Conduct* as part of your employment orientation. You will be asked to sign a document indicating that you have read and understood the resident's rights. This signed statement will be maintained in your personnel file.

### False Claims Act

Pursuant to the Federal Deficit Reduction Act of 2005, the Company provides information on some of the federal and state laws that provide civil and criminal penalties for fraud, waste and abuse. Refer to the *Code of Conduct* for additional information on this topic.

An employee with questions regarding the Federal Deficit Reduction Act of 2005 should contact the Company Compliance Officer or the Compliance Hotline at (888) 777-2359.

### Solicitations, Collections and Petitions

To avoid disruption of the workplace and potential embarrassment for our employees, no solicitations, collections, circulations of petitions or distributions of literature by employees are permitted during working time or in working areas. "Working time" refers to the work time of the employee soliciting, collecting, circulating or distributing as well as the employee to whom such action is directed. It does not include breaks, meal periods or other times before or after work. "Working areas" includes all offices, reception areas, hallways, conference rooms or other areas where business is conducted. It does not include break rooms or parking areas. In addition, no person from outside the Company is allowed on Company premises at any time for these or related purposes. If you observe someone who is not an employee engaging in any of these activities at any time, please notify management immediately.

### **Media Contact**

You may be approached for interviews or comments by the news media. Only authorized contact personnel, designated by the Administrator may comment to the media on behalf of the Company on the policies or events that have an impact on the Company or property.

### Drug-free and Alcohol-free Workplace

It is the Company's intent and obligation to provide and maintain a safe, efficient, drug and alcohol-free workplace. The Company maintains a strict policy against the use of alcohol and the unlawful use of drugs in the workplace. Consequently, you may not consume or possess alcohol, or use, possess, sell, purchase or transfer illegal drugs at any time while on the Company's premises or while using the Company's vehicles or equipment, or at any location during work time. Also, you may not report to work with illegal drugs (or their metabolites) or alcohol in your bodily system. "Illegal drug" means any drug that is not legally obtainable or that is legally obtainable but has not been legally obtained. It includes prescription drugs not being used for prescribed purposes or by the person to whom it is prescribed or in prescribed amounts. It also includes any substance a person holds out to another as an illegal drug.

Any violation of this policy will result in disciplinary action, up to and including immediate termination of employment.

Filed: 12/11/2017

Employees are expected to cooperate with any investigation of possible violations of this drug-free and alcohol-free workplace policy. As part of this cooperation, you must report to your supervisor, Administrator or the Human Resources Department, any known or suspected violations of this policy. Refusal to cooperate with an investigation conducted under this policy will result in disciplinary action, up to and including termination of employment.

Company reserves the right to institute drug or alcohol screening tests in the following circumstances, and as allowed by law:

- · As part of pre-employment screening
- Upon reasonable suspicion of drug or alcohol use in the workplace, including reasonable suspicion that an employee is coming to work under the influence
- · Post-injury testing

# **Workplace Searches**

To protect Company property and to ensure the safety of all employees, the Company reserves the right to inspect and search any employee's office, desk, drawers, cabinets, files, locker, equipment, including computers, email and voice mail, Company vehicles, and any area on our premises. In this regard, it should be noted that all offices, desks, file drawers, cabinets, lockers, and other Company equipment and facilities are the property of the Company, and are intended for business use. You should have no expectation of privacy with respect to items brought onto Company property and/or stored in Company facilities. Inspection may be conducted at any time, without notice, at the discretion of Company.

In addition, when the Company has a reasonable suspicion that a Company policy is being violated that necessitates a search, you may be required to submit to reasonable searches of your personal vehicles, parcels, purses, handbags, backpacks, briefcases, lunch boxes or any other possessions or articles brought onto Company property.

Persons entering the premises who refuse to cooperate in an inspection conducted pursuant to this policy may not be permitted to enter the premises. All employees must cooperate in an inspection; failure to do so is insubordination and will result in disciplinary action, up to and including discharge. Employees found to be in violation of any of Company policies will be subject to disciplinary action, up to and including discharge.

# **Smoking/Tobacco Usage**

Company locations are designated as no-smoking, tobacco-free areas. All offices are designated no-smoking, tobacco-free areas. For employees in California, California law prohibits smoking in most enclosed places of employment and within twenty (20) feet of any building entrance or exit. Employees

Filed: 12/11/2017

who wish to smoke must limit their smoking to break and meal periods, and may only smoke in designated areas. Employees who violate this policy will be subject to disciplinary action.

# **Professional Courtesy & Behavior**

As an employee of our Company, you participate as a team in providing healthcare services to the community. Our service depends on customer satisfaction and good relationships between team members. Our employees are expected to be kind, respectful and courteous to everyone they come in contact with, and to maintain the highest professionalism and reliability. Please remember that a caring attitude, a friendly greeting, and a smiling face are some the ways you can contribute to meeting a customer's specific needs and creating a great work environment.

As an at-will employer, the Company may impose discipline whenever it determines it is necessary or appropriate. Discipline may take various forms, including verbal counseling, written warnings, suspension, demotion, transfer, reassignment or termination. The discipline imposed will depend on the circumstances of each case; therefore, discipline will not necessarily be imposed in any particular sequence. Moreover, at any time the Company determines it is appropriate, an employee may be discharged immediately.

Every organization must have certain standards of conduct to guide the behavior of employees. Although there is no possible way to identify every rule of conduct, the following is an illustrative list (not intended to be comprehensive or to limit the Company's right to impose discipline for any other conduct it deems inappropriate). Keep in mind that these standards of conduct apply to all employees whenever they are on Company property and/or conducting Company business (on or off Company property). Engaging in any conduct the Company deems inappropriate may result in disciplinary action, up to and including immediate termination of employment.

- 1. Violating any Company policies or procedures whether set forth in this handbook or otherwise;
- Violate any law, statute, rule or regulation governing the Company;
- 3. Fighting, engaging in threats of violence or violence, use of vulgar or abusive language, horseplay, practical jokes or other disorderly conduct that may disrupt the workplace, endanger others or damage property;
- Insubordination, failure to perform assigned duties or failure to comply with Company's health, safety or other rules;
- 5. Unauthorized or careless use of Company's materials, equipment or property;
- **6.** Lack of teamwork, poor communication, unsatisfactory performance, unprofessional conduct, or conduct improper for the workplace;
- 7. Failing to comply with a health review in accordance with state and local policy;
- 8. Working at another job while on an approved leave of absence without the authorization of the Administrator and Corporate Human Resources;

- 9. Falsifying reasons for being absent from work;
- 10. Physically, verbally, emotionally, or psychologically abusing a resident, visitor, or another employee; neglecting a resident's care duties related to the safety, health, and/or physical comfort of the resident, or engaging in a serious violation of a resident's rights;
- 11. Failing to comply with Company infectious disease control procedures;
- **12.** Misusing, disclosing or removing confidential or privileged information concerning the Company, or residents; or
- 13. Violation of location or resident care standards.

Any employee conduct that interferes with the effective operation of the Company's business is prohibited. Please refer to our Code of Conduct for guidance and work rules published in this Employee Handbook.

# **Suggestions**

If you think of a way to improve the level of care we provide or of a more efficient way of doing business, talk with your supervisor or submit your recommendation in writing to the Administrator. All ideas are welcome.

### **Bulletin Board**

Company bulletin boards are maintained by the Company solely for the purwpose of providing employees with Company-related information such as personnel announcements, holiday information, benefit announcements, club offers, and legally required postings. Please stop and read the bulletin boards for information regarding Company policies and announcements.

You may not post any materials, of any kind, on Company bulletin boards. You may not remove or alter any Company document posted on the Company bulletin boards.

### Loitering

Your Company is more than a place to work; it is the home of our residents. Therefore, persons who have no business to conduct with the Company or those who are not visiting residents, will be requested to leave any work areas. As an employee, you are also expected to leave the work areas of the Company after your shift is completed. In keeping with this expectation, you may not have unauthorized visitors while on work time. Off-duty employees who return to the Company to visit residents must follow the same guidelines as other visitors.

Children of employees may not be brought to work during the employee's scheduled work hours.

Filed: 12/11/2017

### **Travel Expenses**

Authorized pre-approved business or travel expenses associated with the performance of your job duties will be reimbursed. Employees are responsible for preparing detailed expense reports with attached receipts for approval by management. Please speak to your supervisor for further details.

### **Appearance and Dress**

We require all employees to report to work appropriately dressed and well groomed. Employees will wear clean, neat, well-fitted clothing or uniforms, as applicable for your particular position.

Excessive jewelry is not permitted at work, including dangling earrings, nose-rings, and any other jewelry that may interfere with performance of work duties or safety. Buttons or pins are not permitted, except as protected by law. Engagement and wedding rings, watches and service award pins are permitted. Tattoos that are offensive may have to be covered.

If issued, name badges must be worn at all times while on duty.

Personal body and dental hygiene are important, and cosmetics and perfumes should be used in moderation.

Employees who provide direct resident care or work in the Dietary department must keep their fingernails clean and trimmed. Fingernails should not extend beyond the end of each finger.

Hairstyles are to be professional, appropriate to the business environment, and consistent with any infection control or sanitary regulations. Closed toe shoes, non-slip soles, and back support belts may be required for safety reasons.

# Safety in the Workplace

We care about your safety, as well as the safety of our residents and family members. In order to help protect you, we will provide relevant training and personal protective equipment. For your own safety, as well as that of your co-workers, the residents and their family members, it is extremely important for you to be familiar with our safety rules and follow them at all times. Failure to comply with safety provisions may result in disciplinary action, up to and including termination.

#### Safety Rules

- All occupational illnesses, injuries and accidents, no matter how minor, must be reported to a supervisor immediately. The supervisor is required to make a complete investigation of all reported accidents.
- The employee who sees the hazard first must clean up all spillage immediately or that employee must ensure that it is cleaned and not left unattended until it is cleaned.

- Push, do not pull, all rolling items. Avoid having your hands where they can strike a doorframe or other objects.
- No employee is to stand on any object other than a step stool, ladder or other equipment designed for that purpose.
- · Guards on all power equipment must be kept in place.
- Cabinet drawers and doors, etc., must be kept in a position where they do not create a hazard.
- Electrical cords must not be left across hallways, stairs, open doorways, etc.
- All electrical cords must be maintained in good working condition. If the cord is frayed, a plug is loose or the ground pin on the plug is broken, the cord must not be used. The use of extension cords should not be permitted in resident's rooms.
- All needles are to be disposed of in an appropriate manner.
- Report any unsafe conditions or practice immediately to your supervisor.
- Unsafe conduct or acts are prohibited at all times.
- Other unsafe acts or creations of unsafe conditions may be considered safety infractions.

# Security in the Workplace

The following considerations are offered to help maintain a secure work place:

- Beware of persons loitering for no apparent reason.
- Be aware that violence may come from many sources residents, residents' families, co-workers, former employees, employees' families, or third parties such as robbers, rapists or muggers.
- Report any suspicious persons or activities to a supervisor or to the Administrator.
- Report all threats, or potential threats, of violence to a supervisor or to the Administrator.
- Secure your workspace at the end of the day, or when called away from you work area for any
  extended length of time.
- Do not leave valuable personal articles in or around your workstation that may be accessible.
- · Keep all work areas, break rooms, and restrooms clean and organized.
- You may park on Company premises as space permits. If space is unavailable, you must park
  off Company premises. You may not use parking spaces designated for visitors or doctors. The
  Company is not responsible for loss or damage to your vehicle or its contents while parked on
  Company property.

605

Filed: 12/11/2017

### **Company Property**

Company property is intended for business use only and should not be used for personal purposes without prior authorization from your supervisor. Company property includes, but is not limited to, any office supplies, tools, equipment, computers, pagers, documents, and files. All employees who are issued Company property may be required to sign a Property Return Agreement.

You are expected to take an active interest in preserving and protecting Company property physical facilities. Equipment and supplies are essential for resident care and are costly to replace or repair. You should report any damaged or missing equipment to your supervisor.

The Company reserves the right to inspect all Company property to ensure compliance with applicable rules and regulations, without notice to the employee and at any time, not necessarily in the employee's presence.

You may not remove or hold in your personal possession any Company property without proper authorization. Violation of this policy may result in disciplinary action up to and including termination. We reserve the right to notify the appropriate authorities in the event of any illegal activities.

# **Personal Property**

You are responsible for safeguarding your personal possessions. The Company is not responsible for any personal property that you bring to the workplace that is lost or stolen. Depending on the department in which you work and space available in the Company, there may be lockers for you to store your personal belongings. If lockers are available, you are encouraged to use them. The Company retains the right to conduct periodic inspections for safety and security reasons.

In order to assist the Company in safeguarding your personal property, the property of residents and visitors, as well as that of the Company, you are asked not to bring packages of any kind into the workplace. Packages taken from the workplace, including handbags and backpacks, are subject to inspection when there is reason to suspect a violation of Company policy.

Personal cell phones may not be used in resident care areas or in resident rooms.

# **Electronic Communications System**

At the Company, we use electronic forms of communication and information exchange. Employees generally have access to one or more of the following: computers, e-mail, instant messages, telephones, cellular phones, voicemail, fax machines, external electronic bulletin boards, wire services, on-line services, the Internet and the World Wide Web (hereafter collectively referred to as "electronic communications system"). The electronic communications system provided or paid for by the Company and any information stored on it is Company property and will be treated as such. The electronic communications system is provided for the purpose of facilitating our business.

The following rules apply to all electronic communications that are: (1) accessed on or from Company premises; (2) accessed using Company computer or telecommunications equipment, or via Company-paid access methods; and/or (3) used in a manner which identifies the individual with the Company. The following list is not exhaustive and the Company may implement additional rules from time to time.

Filed: 12/11/2017

- Company's electronic communications system may not be used for transmitting, retrieving, viewing, printing or storing any communications of a discriminatory or harassing nature, or which are derogatory to any individual or group, or which are obscene or X-rated communications, or are of a defamatory or threatening nature, or for "chain letters," or for any other purpose that is illegal or against Company policy or contrary to the Company's interests.
- The electronic communications system is for Company's business use only. Use of the electronic communications system (e.g., sending or receiving e-mail) for personal, non-business purposes is not permitted. This includes telephone calls. Personal calls are not permitted on work-time, except in an emergency. Personal calls may be made during non-work hours (such as rest and meal periods) using a pay phone or personal cellular phone.
- You should not assume any electronic communications are private or confidential and should transmit sensitive information in other ways. The Company may need to monitor, access or review electronic communications for a number of business reasons and it reserves the right to do so. All such information may be used and disclosed to others, in accordance with business needs, at the Company's discretion.
- If you use any security measure on a Company-supplied computer, you must provide the Administrator with a hard copy record (to be maintained in a secure location) of all your passwords for Company use if required.
- Any employee who abuses the privilege of Company-facilitated access to electronic media and services will be subject to corrective action, which may include termination of employment if, in Company's discretion, the situation warrants it. The employee may also risk losing the privilege removed for him/herself and possibly others. If you have any questions regarding the proper use of the electronic communications system, please contact your Administrator or Human Resources.
- You must respect the confidentiality of other people's electronic communications and may not attempt to breach computer or network security measures, except by explicit direction of Company management.
- Anyone obtaining electronic access to other companies' or individuals' materials must respect all
  copyrights. To avoid viruses and potential copyright violations, no one may download any new
  software without the prior authorization of the Administrator.
- All communications sent by you via the electronic communications system must comply with this
  and other Company policies, including the Anti-Harassment/Discrimination, Solicitations, Collections, Petitions and Confidentiality of Information policies.

This policy cannot be modified except by written communication by the President.

607

# Use of Mobile Phones or Text Messaging While Driving

Employees should be aware that state and local law may restrict cell phone or pda usage while driving. The Company requires employees to use a hands-free device when using a cell phone while driving on Company business. Additionally, the Company prohibits employees from text messaging, e-mailing, instant messaging, or otherwise accessing a cell phone or pda for purposes other than making a handsfree phone call, while driving on Company business.

# **Company In-Service/Staff Meetings**

Staff meetings are a means of sharing ideas, concerns, general announcements, and suggestions. Employees are expected to attend these meetings. Those employees who are not scheduled to work, but are required to attend, will be paid for meeting and training sessions.

608

### Acknowledgement and At-Will Agreement

1,	, hereby acknowledge that I have received a copy of
the Company Employee Handbook. I understai	nd that it is my responsibility to read the handbook and
to comply with the policies, practices and rules	of employment as stated in this handbook. I understand
that other rules may apply that is not included i	in this handbook. I agree to keep a copy of this hand-
book readily available and to use it as a referen	ice guide.
l understand and agree that the policies describ	ped in the handbook are intended as a guide only and

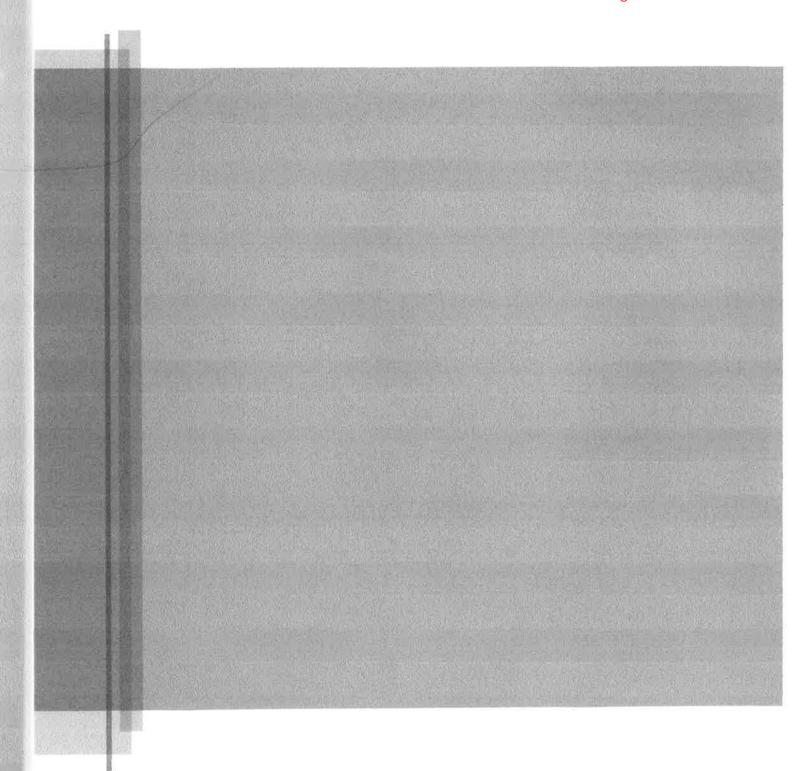
I understand and agree that the policies described in the handbook are intended as a guide only and do not constitute a contract of employment. I specifically understand and agree that the employment relationship between the Company and me is at-will and can be terminated by the Company or me at any time, with or without cause or notice. Furthermore, the Company has the right to modify or alter my position, or impose any form of discipline it deems appropriate at any time. Nothing in this handbook is intended to modify the Company's policy of at-will employment. The at-will employment relationship may not be modified except by a specific written agreement signed by me and the President or an owner of the Company. This is the entire agreement between the Company and me regarding this subject. All prior or contemporaneous inconsistent agreements are superseded.

I have received *Employee Handbook* issued April 2014. I have read (or will read) and agree to abide by the policies and procedures contained in the handbook.

Printed Name:	
Signature:	
Date:	

ORIGINAL SIGNED COPY TO BE PLACED IN EMPLOYEE FILE

USCA Case #17-1191 Document #1708342 Filed: 12/11/2017 Page 64 of 250



Employee Handbook Revised April 2014

# CORRECTIVE/DISCIPLINARY ACTION FORM

Name Cynthia Montejano Date 7/18/16
Job Title C. N. A. Supervisor Nancy Guinn
Level of Corrective Action:  Oral Counseling Written Warning Suspension Termination (no employee signature needed)
Problem: (violation of rules, standards, practices or unsatisfactory job performance)
☐ Absenteeism       ☐ Dress Code       ☐ Attitude       ☐ Policy Violation         ☐ Tardiness       ☐ Poor Customer Service       ☐ Other:
Detail: (what, where, when, how) 7/18/16 - Station 3 back. Resident had scheduled shower for p.m. R heard stating he wanted
a shower no shower given. Charge nurse
not notified if R refused.
Prior Discussion and/or Warnings:  No Yes If yes, dates: Inservices  Summary of Corrective Action:  Write up Inform NUSC of Infosal At TIME of OCCURENCE  Consequences of Failure to Improve:  Tutnul displication up to 3 including termination
Employee Comments:
·
Re-evaluation meeting scheduled for:
Employee signature: Unthruf Montgana Date: 7/22/14
☐ If employee refuses to sign, check box and sign as witness
Supervisor signature: Nacyfulno Date: 1814
Administrator signature:

File the Corrective/Disciplinary Action form in the employee's personnel file. Corrective/Disciplinary Action forms may affect performance evaluations.

EX 0

Filed: 12/11/2017

CORRECTIVE/DIS	CIPLINARY ACTION FORM
Name Alma Torres	Date
Job Title CNA	Supervisor Lily Williams
Level of Corrective Action:  Oral Counseling	
Problem: (violation of rules, standards, prac	ctices or unsatisfactory job performance)
☐ Absenteeism ☐ Dress Code	Attitude Policy Violation
☐ Tardiness ☐ Poor Customer Serv	rice Other: Educated
Detail: (what, where, when, how)  Fall prevention	
Prior Discussion and/or Warnings:	
No ☐ Yes. If yes, dates:	
Summary of Corrective Action:	
Consequences of Failure to Improve:  Written Warnin	
Employee Comments:	
Re-evaluation meeting scheduled for:	
Employee signature:	B W Date: 4215
If employee refuses to sign, check box and sign as wi	tness Stopics
Supervisor signature:	LVW Date: 6/22/15
Administrator signature: // (required)	TOTHISCOURSE Date:

File the Corrective/Disciplinary Action form in the employee's personnel file. Corrective/Disciplinary Action forms may affect performance evaluations.

]
חס
207
b. Resident
The second secon
······································
-
None de la constante de la con
*************
2410
111

File the Chirective/Disciplinary Action form in the employee's personnel file.

Corrective/Disciplinary Action forms may affect performance evaluations.

613

Administrator signature:

(required)

# Filed: 12/11/2017 CORRECTIVE/DISCIPLINARY ACTION FORM Name\_\ **Date** Job Title Supervisor Level of Corrective Action: Oral Counseling Termination ☐ Written Warning Suspension (no employee signature needed) Problem: (violation of rules, standards, practices or unsatisfactory job performance) ☐ Absenteeism ☐ Dress Code Policy Violation ☐ Attitude Tardiness Poor Customer Service Detail: (what, where, when, how) Prior Discussion and/or Warnings: □ No □ Yes If yes, dates: **Summary of Corrective Action:** review P& Pof Pocumentation Consequences of Failure to Improve: Employee Comments: Re-evaluation meeting scheduled for: -2-14 Date: Employee signature: If employee refuses to sigh, chack box and sign as witness Supervisor signature

File the Corrective/Disciplinary Action form in the employee's personnel file. Corrective/Disciplinary Action forms may affect performance evaluations.

🔤 Date:

(re/uli (1)



614

Filed: 12/11/2017

COF	RECTIVE/DISCI	PLINARY ACT	ION FORM
Name RUCK	l Osegura	Date 3	3/12
Job Title \\ \(\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fin}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fin}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fin}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}{\fin}}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\fir}{\fin}}}}}}{\	*	Supervisor Prisn	lla Mecline
Level of Correction Oral Counseling (no employee signature	☐ Written Warning	Suspensio	n Termination
Problem: (violation	n of rules, standards, practices	s or unsatisfactory job p	
Absenteeism	□ Dress Code	☐ Attitude	Policy Violation
☐ Tardiness	Poor Customer Service	Other: INSUDO	rdination
Multiple for  Mail way  down he ha  told her if She  Prior Discussion a  No Pres  Summary of Corre	May instruction liken les. Pachel Refus from here. I then all. Pachel got usil addituant to Bulon addor Warnings: If yes, dates: Multiple	sel, Statel a explained imported by and workelle with assigned the time previous y	I can see the whole no of all CNA's charting of operations of the sty she could go home. nonths
Consequences of F		or termination	Υ)
Employee Commen	its:	::	5
Re-evaluation meeting	scheduled for:	2 P.2	
Employee signature:			_ Date:
If employee refuses to s	ign, check box and sign as witness	Drusting.	
Supervisor signature:	Profa-ma	a-LW	Date: 212/15
Administrator signatur (required)	e:	herstrator s. ——tregulised)	Date:

File the Corrective/Disciplinary Action form in the employee's personnel file. Corrective/Disciplinary Action forms may affect performance evaluations.

( Fe

CORRECTIVE/DISCIPLINARY ACTION FORM
Name Kully Alcantur Date 3/21/15  Job Title Supervisor Denise Kumbet
Level of Corrective Action:  Oral Counseling Written Warning Suspension Termination
Problem: (violation of rules, standards, practices or unsatisfactory job performance)         ☐ Absenteeism       ☐ Dress Code       ☐ Attitude       ☐ Policy Violation         ☐ Tardiness       ☐ Poor Customer Service       ☐ Other:
Detail: (what, where, when, how)  At 2440 48B Cume buck from Ed in An At 0700 Am ands  Vepolted ves & Bm timine & Sheeks from 1000HER still an bed  LAN Almittal she thinks that she two that Ding 48B  All night.
Prior Discussion and/or Warnings:  No Yes If yes, dates:  Summary of Corrective Action:
to check t change All residents in section.
Consequences of Failure to Improve:
Employee Comments:
Employee signature: Date: 322/
If employee refuses to sign, check box and sign as witness  Supervisor signature:  Date: 3/22/15
Administrator signature: Sty 300 Molecularity Date: 3.23-/5 616

File the Corrective/Disciplinary Action form in the employee's personnel file. Corrective/Disciplinary Action forms may affect performance evaluations.

CORRECTIVE/DISCIPLINARY ACTION FORM	.65
Name TUGA SOLONO Date 2/2/14	
Job Title CNX Supervisor PROLE	
Level of Corrective Action: Oral Counseling Written Warning Suspension Termination (no employee signature needed)	
Problem: (violation of rules, standards, practices or unsatisfactory job performance)	
☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation	
Tardiness Poor Customer Service NOT 10 ming wing her	
Fould to follow through with ussigned Shower.  Shorn notified Atyse of ghan accidently doing her shower a 9:30em  Alysen hadn't attempted her shower a 9:30 pm	
Summary of Corrective Action:  One was a serious to the serious to	
Consequences of Failure to Improve:  White up and a termination  Employee Comments:	
Re-evaluation meeting scheduled for:	
Employee signature: Date:	A.W.
If employee refuses to sign, check box and sign as witness The control of the con	
Supervisor signature: Date: Date: Date:	- 61
Administrator signature:	

File the Corrective/Disciplinary Action form in the employee's personnel file. Corrective/Disciplinary Action forms may affect performance evaluations.

# CORRECTIVE/DISCIPLINARY ACTION FORM

7	- 1. )
Name Destiny	Date 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Job Title	_ supervisor Amanda Hanson
Level of Corrective Action:  Oral Counseling Written Warning (no employee signature needed)	Suspension Termination
Problem: (violation of rules, standards, practices	or unsatisfactory job performance)
☐ Absenteeism ☐ Dress Code	Attitude Policy Violation
☐ Tardiness ☐ Poor Customer Service	Mother: Steeping on the clock
Detail: (what, where, when, how)	
at 2:00 m 2/16/16	CNA Was Sleeping
in res room	
· · · · · · · · · · · · · · · · · · ·	
: was the same of	Account to the second s
Prior Discussion and/or Warnings:	
∏No ☐ Yes If yes, dates:	Total (1) and to the second se
Summary of Corrective Action:	
steep during of y	vork hours
	*
Consequences of Failure to Improve:	
Suspension	
Employee Comments:	
5	9
	7.
Re-evaluation meeting scheduled for:	
Employee signature: Desting Hayrus	Date: 02-16-2016
$\hfill \square$ If employee refuses to sign, check box and sign as witness	Species.
Supervisor signature:	Date: 2/16/16
Administrator signature: (required)	

File the Corrective/Disciplinary Action form in the employee's personnel file. Corrective/Disciplinary Action forms may affect performance evaluations.

6 h

618

Administrator signature: \_\_ (required)

	/E/DISCIPLINARY A	.CTION: FOR	
		, ,	
,	len 0 Date_	A //	
Job Title CNA	Supervisor	Shaheen IIIC	unillan, Kr
Level of Corrective Action:  Oral Counseling (no employee signature needed)	Written Warning Suspe	ension 🗍 Ten	mination
Problem: (violation of rules, sta	ndards, practices or unsatisfactory		•
☐ Absenteeism ☐ Dress (	ode 🔀 Attitude	Policy Viola	tion
☐ Tardiness ☐ Poor Co	stomer Service Other:		
	sked to assist resider		
	ting a the Chage		
Prior Discussion and/or Warr  No Yes If yes, date	_	www.waranananananananananananananananananana	
Summary of Corrective Action (NA Incovaged to be positive manner to	Communicate in a o Staff.	more profe	soma/
	prove: Suspension & up to	terminati	ian
Employee Comments:		·	
			62
Re-evaluation meeting scheduled (	or:		85
mployee signature:		Date:	
] If employee refuses to sign, check box	and sign as witness		
upervisor signature:	10	RN Date: 10-3	\$-15

File the Corrective/Disciplinary Action form in the employee's personnel file. Corrective/Disciplinary Action forms may affect performance evaluations.

required) Date:

COR	RECTIVE/DISCIPLINARY ACTION FORM
Name Lucy	Mendold Date 10/2/15
Job Title	CNA Supervisor Shaheen McMillan, RN
Level of Corrective  All Oral Counseling  (no employee signature r	e Action:    Written Warning   Suspension   Termination
Problem: (violation	of rules, standards, practices or unsatisfactory job performance)
☐ Absenteeism	☐ Dress Code ☐ Attitude ☐ Policy Violation
☐ Tardiness	Poor Customer Service Other:
Detail: (what, where On 10/1/15 When asked Stated, "Im	e, when, how)  CNA Was rude & demonstrated Insubordination to take residut to the room to change his shirt, she busy, if its that important do it yourself."
Summary of Correct	If yes, dates:
Consequences of Fa  Written We  Employee Comment	uning/Suspension & up to termination
Re-evaluation meeting	scheduled for:
	scheduled for:
Employee signature:	Date:
If employee refuses to sig	n, check box and sign as witness
Supervisor signature: Administrator signature: (required)	119 De la companya della companya della companya de la companya della companya de

CORRECTIVE/DISCIPLINARY ACTION FORM	**
Name Stephanie Bustaman Bate 8/13/15  Job Title CNA Supervisor & Schuster	<b>8</b> .
Level of Corrective Action:  Suspension  Suspension  Termination  (no employee signature needed)	eli.
Problem: (violation of rules, standards, practices or unsatisfactory job performance)         ☐ Absenteeism       ☐ Dress Code       ☐ Attitude       ☐ Policy Violation         ☐ Tardiness       ☐ Poor Customer Service       ☐ Other:	
Resident was not changed from day Clothes brief was not changed before and of shift	j.
Prior Discussion and/or Warnings:  No Yes If yes, dates:  Summary of Corrective Action:  Verbal Counseling	
Consequences of Failure to Improve: Subsequent discipline up to including termin Employee Comments:	ation
Re-evaluation meeting scheduled for:	
Employee signature: Date:	ě z
Supervisor signature:  Administrator signature:  (required)  Date: 8 1315  Date: (required)	621

CORREC	CTIVE/DISCIPLI	NARY ACTION	FORM	
	rians	Date 7/1/5 Supervisor RUSU		
Level of Corrective Action Coral Counseling (no employee signature needed	ion: Written Warning	Suspension	[] Termination	
Absenteeism D	-	Attitude De Po	ance) licy Violation LE GIWM TO	resident
14092A ped 11	nens Solled Wet	on 7/11/50		3
Prior Discussion and/or  Yes If yes  Summary of Corrective  Consequences of Failure	Action:			
Employee Comments:				AT THE PROPERTY OF THE PROPERT
Re-evaluation meeting sched	duled for:		*	***************************************
Employee signature:	No.	Date:	No. of the spin	The state of the s
If employee refuses to sign, phe		Eligator,		
Supervisor signature:	sir Jeal	Date:	Thus	622
Administrator signature:		Terrisonal Constant		

CO	RRECTIVE/DISCIP	PLINARY AÇTIC	N FORM
Name Lan	ora Enas	Date (0/3	7/15
Job TitleC	NA	Supervisor <u>Ricard</u>	g Correq
Level of Correct Oral Counseling (no employee signature)		Suspension	Termination
Problem: (violati	on of rules, standards, practices	or unsatisfactory job perfe	
☐ Absenteeism	Dress Code		Policy Violation
☐ Tardiness	Poor Customer Service	Other: Non Skid.	Socks on Resident
who is a	ad to put on NON	-SKit SOCKS Resident attempt Room, (Resident	
Dy bed	and/or Warnings:		
□ No □Yes	If yes, dates: <u>Inservice</u>		
Summary of Corr			THE STATE OF THE S
Summary of Con-			5
			·
Consequences of	Failure to Improve:	G.	
Employee Comme	nts:	5.	
Re-evaluation meetin	g scheduled for:		*
Employee signature:		Da	ate:
If employee refuses to	sign, check box and sign as witness	Strayes,	
Supervisor signature:	Role le	Da	ite:
Administrator signatu (required)	re:	hanstrator see Da	ete:

File the Corrective/Disciplinary Action form in the employee's personnel file. Corrective/Disciplinary Action forms may affect performance evaluations.

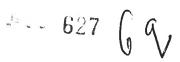
GEN 6M

USCA Case #17-1191 Document #1708342 Filed: 12/11/2017 Page 78 of 250
CORRECTIVE/DISCIPLINARY ACTION FORM
Name Monica Romero Date 8-11-16
Job Title CNA Supervisor Maria & South I an
Level of Corrective Action:  Oral Counseling
Problem: (violation of rules, standards, practices or unsatisfactory job performance)
☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation
Tardiness Door Customer Service Other:
Detail: (what, where, when, how)  Was Cought on Camera a another CNA in the  TA Dining on ceil phone during work Hours,  Looking fat it together.
Prior Discussion and/or Warnings:
YNo Yes If yes, dates:
Summary of Corrective Action:  Echicated on Policy
Consequences of Failure to Improve:  Turthor AISCRIMON ACTIM IND TO 3 INCLUDING TERMINATION.
Franksias Commontes
Employee Comments:
le-evaluation meeting scheduled for:
mployee signature: Date:
] If employee refuses to sign, check box and sign as witness
upervisor signature:
Iministrator signature: Date:

624 b N

CORI	RECTIVE/DISCIP	PLINARY ACT	ION FORM	A	(e) :•
	sa Goleno	Date	7/15		
Job Title <u>CIV</u>	^	Supervisor	Tello, LUN		
Level of Corrective Oral Counseling (no employee signature no	Action: Written Warning	÷	n ☐ Terminat	ion	
Problem: (violation	of rules, standards, practices	or unsatisfactory job p	erformance)		
Absenteeism	Dress Code	Attitude   Attitude	Policy Violation	- la a	and .
☐ Tardiness	Poor Customer Service	Other: TUKITI	hick break p	cior to a	eno U 10mir
Detail: (what, where CNA NOKA CNAS. WO	in loppy @ 19:	35 taking by betweep 1	clak z o: 1-8. IODK	ther 15min	1
. 141. XXIII		Confirmed	~ 5. GONZ	ales, DSD	)
Summary of Correct    V	ilure to Improve:				
2nd Write	up alor tern	nination			
Employee Comments	s:				
Re-evaluation meeting :	scheduled for:				
Employee signature:	nuncia de la companya		_ Date:		æ 1
If employee refuses to sig	n, check box and sign as witness	There;	1 1		
Supervisor signature:	M. Olley.	Plus -	_ Date:	<u> </u>	
Administrator signature: (required)	Alysalahi	houstrates and trequired)	⊵ Date:	5	

CORE	CTIVE/DICCIDATALA DICA
	CTIVE/DISCIPLINARY ACTION FORM
Name Berni	ce Ortiz Date 9/18/15
Job Title	Supervisor Amanda Hanson
Level of Corrective Oral Counseling (no employee signature ne	Lion:
Tardiness  Detail: (what, where,	Dress Code    Attitude   Policy Violation   Poor Customer Service   Pother: Unapproved   Unch   Policy Violation   Power   Pow
Prior Discussion and, No Yes If Summary of Corrective	es, dates:
Consequences of Faili	e to Improve:
Employee Comments:	D Signi write-up
Re-evaluation meeting sc	duled for:
Employee signature:	
If employee refuses to sign,	Date
Supervisor signature:	handa Huncon
Administrator signature:	Date: 9-18-15



CORRI	ECTIVE/DISCIP	LINARY AC	TION FORM
Name	Domingo CNA	Date Supervisor/	8-23-16 Naria Satillan zun
Level of Corrective A Oral Counseling one employee signature need	ction: Written Warning		14.
Problem: (violation of	rules, standards, practices		
-	Dress Code	Attitude	
☐ Tardiness [	Poor Customer Service	Other:	
Detail: (what, where,	when, how)		
	****		
Prior Discussion and	or Warnings:		9
☐ No ☐ Yes If	yes, dates:		
	ve Action:		
Consequences of Fail	ure to Improve:		
Employee Comments			
II. 12.12.13.13			
Re-evaluation meeting s	scheduled for:	\	0 22 //
Employee signature:		)	Date:
If employee refuses to sign	n, check box and sign as witnes	s/	
Supervisor signature:	1.00		Date:
Administrator signature:	(19)	, , , , , , , , , , , , , , , , , , , ,	Date:

(required)

## CORRECTIVE/DISCIPLINARY ACTION FORM Octego Date\_ Job Title MANT \_\_ Supervisor \_\_ Leyel of Corrective Action: Suspension ☐ Termination Written Warning Oral Counseling (no employee signature needed) Problem: (violation of rules, standards, practices or unsatisfactory job performance) Policy Violation Attitude Dress Code Absenteeism Poor Customer Service Other:\_\_\_\_ ☐ Tardiness Detail: (what, where, when, how) **Prior Discussion and/or Warnings:** If yes, dates: ☐ No ☐ Yes **Summary of Corrective Action:** Consequences of Failure to Improve: **Employee Comments:** Re-evaluation meeting scheduled for:// Employee signature: ☐ If employee refuses to sign, check box and sign as witness Date: Supervisor signature: \_\_ \_\_ Date: \_\_\_\_\_ Administrator signature:

File the Corrective/Disciplinary Action form in the employee's personnel file.

Corrective/Disciplinary Action forms may affect performance evaluations.

629

(required)

CORRECTIVE/DISCIPLINARY ACTION FORM
Name La Nora ENAS Date 8-23-16  Job Title LVN Supervisor Name E. Santillar
Job Title Supervisor // MILC C. Supervisor
Level of Corrective Action:  Oral Counseling
Problem: (violation of rules, standards, practices or unsatisfactory job performance)
Absenteeism Dress Code Attitude Policy Violation
Tardiness Poor Customer Service Other:
Detail: (what, where, when, how)  8/16 B 8/18 Coming in Late Nut here for Round
Summary of Corrective Action:  Orrive on time.
Consequences of Failure to Improve:
Employee Comments:
Re-evaluation meeting scheduled for:
Employee signature: Date:
☐ If employee refuses to sign, check box and sign as witness
Supervisor signature: Date: 8-23-/6
Administrator signature: Date:

2/11/2017	Page 85 of 250
-----------	----------------

CORRECTIVE/DISCIPLINARY ACTION FORM	
Name Jevery Tompkin 5 Date 8/23/14  Job Title CNA Supervisor Very Um LVA	
Level of Corrective Action:  Oral Counseling Written Warning Suspension Termination (no employee signature needed)	.*
Problem: (violation of rules, standards, practices or unsatisfactory job performance)	
Absenteeism Dress Code Attitude Policy Violation	
Tardiness Poor Customer Service Other:	
Detail: (what, where, when, how)  Tardy On 8/15,8/18,8/19,8/20	
Prior Discussion and/or Warnings:  No Yes If yes, dates:  Summary of Corrective Action:  To be on time.	
Consequences of Failure to Improve:	2470-01
Employee Comments:	
Re-evaluation meeting scheduled for:	
Employee signature: Date:	
If employee refuses to sign, check box and sign as witness	
Supervisor signature: Dew Day Date: 8/23/10	
Administrator signature: Date:	

(required)

Filed: 12/11/2017

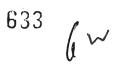
CORRECTIVE/DISCIPLINARY ACTION FOR	<b>ξΜ</b> ************************************
Name MANUEL Fernander Date	0
Level of Corrective Action:	
M Oral Counseling Written Warning Suspension Le (no employee signature needed)	rmination Fr
Problem: (violation of rules, standards, practices or unsatisfactory job performance)	
Absenteeism Dress Code Attitude Policy Viol	
Tardiness Poor Customer Service Other:	
Detail: (what, where, when, how)  CNA was fandy on 8/21/16.	
A CONTRACTOR OF THE PARTY OF TH	
Prior Discussion and/or Warnings:	
□ No □ Yes If yes, dates:	
Summary of Corrective Action:	
	N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Consequences of Failure to Improve:	
Employee Comments:	
Re-evaluation meeting scheduled for:	
Employee signature: Date:	
☐ If employee refuses to sign, check box and sign as witness	<del>,                                    </del>
Supervisor signature: Date: 8	126/16
7730	<b>1</b> 05
Administrator signature: Date:	The state of the s

File the Corrective/Disciplinary Action form in the employee's personnel file.

Corrective/Disciplinary Action forms may affect performance evaluations.

to be

CORRECTIVE/DISCIPLINARY ACTION FORM				
Name Lina Hernandez Date 8/33/16  Job Title CNA Supervisor Who				
Level of Corrective Action:  Oral Counseling				
Problem: (violation of rules, standards, practices or unsatisfactory job performance)				
Absenteeism Dress Code Attitude Policy Violation				
Tardiness Poor Customer Service Other:				
Detail: (what, where, when, how) Employee was tardy on 8/15,16 and 22				
Prior Discussion and/or Warnings:  No Yes If yes, dates:				
Consequences of Failure to Improve:				
Employee Comments:				
Re-evaluation meeting scheduled for:				
Employee signature: Date:				
If employee refuses to sign, check box and sign as witness				
AAA				
Apervisor signature.				
dministrator signature: Date:				





CORRECTIVE/DISCIPLINARY ACTION FORM
Name And Plna Date 8/28/16  Job Title CNA Supervisor Lindsly Weldle LYN
Level of Corrective Action:  Oral Counseling
Problem: (violation of rules, standards, practices or unsatisfactory job performance)
Absenteeism Dress Code Attitude Policy Violation
Tardiness Poor Customer Service Other:
Detail: (what, where, when, how) 8/10, 8/10, 8/12
Prior Discussion and/or Warnings:
□ No □ Yes If yes, dates:
Summary of Corrective Action:  Bl To Work on Time
Consequences of Failure to Improve:
Employee Comments:  I take my man to work. She has no D.L.
Re-evaluation meeting sigheduled for:
Employee signature: Xullu Date: Date:
If employee refuses to sign, check box and sign as witness
Supervisor signature:
Administrator signature: Date:

CORRECTIVE/DISCIPLINARY ACTION FORM				
Name Yadira Hernander	Date 8-23-16			
Job Title LVN Sup	ervisor. Maria E. Santillan			
Level of Corrective Action:  Oral Counseling Written Warning (no employee signature needed)				
Problem: (violation of rules, standards, practices or uns				
☐ Absenteeism ☐ Dress Code ☐ Al	titude Policy Violation			
☐ Tardiness ☐ Poor Customer Service ☐ O	ther:			
Detail: (what, where, when, how) 8/21 /16 8/16/16 \$ 8	/19/16 Being Late			
Prior Discussion and/or Warnings:  No Yes If yes, dates:				
Summary of Corrective Action:  Need to arrive on t	ine_			
Consequences of Failure to Improve:				
Employee Comments:				
Re-evaluation meeting scheduled for:				
Employee signature:	Date:			
If employee refuses to sign, check box and sign as witness				
Supervisor signature:	Date: 8-23-16			
Administrator signature: (required)	Date:			

CORRECTIVE/DISCIPLINARY ACTION FORM
Name Sabelle Vasquez Date 12/15/15  Job Title CNA Supervisor Amanda Hanson - CN
Level of Corrective Action:  Oral Counseling  (no employee signature needed)  Written Warning  Sumcurtha Gorzale 2:  Suspension  Termination
Problem: (violation of rules, standards, practices or unsatisfactory job performance)  Absenteeism Dress Code Attitude Delicy Violation  Tardiness Door Customer Service Other:
Detail: (what, where, when, how)  CNA notified CN res wasn't feeling well  E wanted sugar checked CN responded that his  Sugar was checked I ha ago & aid yelled at  CN: when confronted about attitude aid responded  Prior Discussion and/or Warnings: "What's your problem your jumping  No [Yes If yes, dates: down my throat."
Summary of Corrective Action:  Verbally Counselled on appropriate way of Communication with other staff, and charge Aurse.  Consequences of Failure to Improve:
Employee Comments:
Re-evaluation meeting schoduled for
Re-evaluation meeting scheduled for:
If employee refuses to sign, check box and sign as witness
Supervisor signature: Date: 15/15
Administrator signature: Date: Date:
File the Corrective/Disciplinary Action form in the employee's personnel file. 636 Corrective/Disciplinary Action forms may affect performance evaluations.

CORRECTIVE/DISCIPLINARY ACTION FORM	
CORRECTIVE/DISCIPLINARY ACTION FORM	
Name Denniter Dever Date 5/23/16	
Job Title CNA Supervisor Rosa Lewis To	0
Level of Corrective Action:  Oral Counseling Written Warning Suspension Termination (no employee signature needed)	
Problem: (violation of rules, standards, practices or unsatisfactory job performance)  ☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation ☐ Tardiness ☐ Poor Customer Service ☐ Other:	
Detail: (what, where, when, how)  140 was left on toilet by herself, walked to 14A:  Ded and sat on Bed. CNA had poor communication other CNA and resident was left alone in restor	C
Prior Discussion and/or Warnings:	
No ☐ Yes If yes, dates:	
Summary of Corrective Action:  Never beave resident in bathroom by themselves, a for someone to take over if you need to leave. Cle communication between cans.	eit ar
Consequences of Failure to Improve:  Le Doithen wasning to follow-	
Employee Comments:	
	-
Re-evaluation meeting scheduled for: None needed	
Employee signature: fluid Date: 5/23/10	
If employee refuses to sign, check box and sign as witness	2"
Supervisor signature: Date: 5/23/16	
Administrator signature: Tequired Date:	

(reculred)

This CAN fina has been verbully where I that At als a resident (384) where I that At als a resident (384) was found by day and to be left with BM on here self, sheets, floor. Fina has been shuated on proper Apl care, been shuated on proper Apl care, there of correction will be to deable plan of correction will be to deable the check in Am before leaving here shift.

Denise Keen Da

X Dina aguirro

Jackie CNA has been verbally warened that she failed to check & clean a Resident (41B) 1/25/15 nox Shift - during Interview she stated that this Resident Refuses to let her Change him At times She has been educated in future to chart and notify charge nurse of any Residentis Refusal of care. DSD & Admin aware of incident.

Denise Keen Suth

X Jacki Dr 1-26-15

Administrator signature: (required)

USCA Case #17-1191 Document #1708342 Filed: 12/2	11/2017	Page 94 of 250
CORRECTIVE/DISCIPLINARY ACTI	ON FO	DRM
Name I rene Ontiveroz Date 5/	73/16	
7-1-774	sa Leu	vis PA)
Level of Corrective Action:  Oral Counseling Written Warning Suspension  (no employee signature needed)		ermination
Problem: (violation of rules, standards, practices or unsatisfactory job per	formance)	4
Ausenceism   Dress Code	Policy Vic	Plation
☐ Tardiness		sident
Detail: (what, where, when, how)		
14c was left on toilet by herself, walker	1 to 1	4A b
bear and Sat on bed. CHA had some a	OMMUNIO	cation
and lesident was lett	loneil	1 Gestman
and no one checked on resident.		
Prior Discussion and/or Warnings:		
☐ No ☐ Yes If yes, dates:		
Summary of Corrective Action:  Never leave resident in bathroom by 41  For someone to take over if you leave.  Do tween CAR's.	lemselu GClear	res, unit
Consequences of Failure to Improve:  Written wasning to follow.		
Employee Comments:		
	TOTAL TRANSPORT	
Re-evaluation meeting scheduled for: None needed.		-
Employee signature: WOMO ALUNA Da	~ FV )	3/11
☐ If employee refuses to sign, check box and sign as witness	JOX	110
Supervisor signature: Lewi RN Dat	e:5	123/11/2

File the Corrective/Disciplinary Action form in the employee's personnel file. Corrective/Disciplinary Action forms may affect performance evaluations.

namistrates as Date: ream ea)

(required)

			TENT TALA		TONE	ODM.		7
C(	DRREC	TIVE/DISC	THLTINA	KY ACI	ION F	UKM	OPANIA PARA	1
Name R	achel	Oseauera		Date 7	9/15			
Job Title	CNA	Oseguera	Super	visor n.	Tello,L	NN		c
Level of Corre	ctive Action ing needed)	on: Written Warni	ng .	Suspension	ר ב	] Termina	tion =	
Problem: (viol	ation of rule	es, standards, practi	ces or unsat	isfactory job p	erforman	ce)		
r=1 the ambasians	[-] [	roce Codo	[ ] Atti	rude	Policy	· Violation	GC ton	nii na
Tardiness	□ P	oor Customer Servic n. how)	e .⊿Oth	er: <u>1eavino</u>	whice o	soiled	clothing	4 br
alirches.) Working tame after took multiple states she fell nurse to prior Discussion (No Yes	ne fine. nulre + continues was he unes sho on and/or If ye	Also was whother conditions doing the special special conditions was who can warnings: 36116 s, dates:	care coresponde in hor ither sta ed. Brief nes wer	me to voc f. when s section tion. 3 r was soil e wet a	mere his co	on Revorm 27 m from pas st	for 1000 as on 5 ninded A was to ba	ation lation ner left ch. To
Employee Con	ments:		Ŷ.					_
			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			<i>1.</i>		
Re-evaluation m	eeting sch	eduled for:	يوجف مورد . ســــــــــــــ جرد اخب إن	O The state of the		0.5		-
Employee signal	ure:	4,400	· Walles		Date: _			4
		neck box and sign as wi						
Supervisor signa	ture:	n allex			Date: _	7/9/1	5	ž.
Administrator sig	gnature:	Langle	Σ	16835NEC	Date: _	7/4/1	ナ	-

File the Corrective/Disciplinary Action form in the employee's personnel file. Corrective/Disciplinary Action forms may affect performance evaluations.

(एक माम दर्ग)

# CORRECTIVE/DISCIPLINARY ACTION FORM

Name Vasquez Isabelle Date 7-25 14
Job Title (NA Supervisor Abel Granzales)
Level of Corrective Action: Oral Counseling Written Warning Suspension Termination (no employee signature needed)
Problem: (violation of rules, standards, practices or unsatisfactory job performance)
☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation
Tardiness Poor Customer Service Other:
Detail: (what, where, when, how)  At 1145 CNA was noted as usily wolking out of  room 35 with teb alorn going off resident states the  was doing patient care with second and, room to help.  Resident educated an need of vigural with alorns and  refresh to say the indeptends of antiques talking back  Prior Discussion and/or Warnings:  In 1985 If yes, dates: 7:24.14 Administrator educated  Summary of Corrective Action:  of gafety alone vigurary
Consequences of Failure to Improve:
Employee Comments:
Re-evaluation meeting scheduled for:
Employee signature: Date:
If employee refuses to sign, check box and sign as witness
Supervisor signaturer 1 1000000000000000000000000000000000
Administrator signature: Date: Date:

File the Corrective/Disciplinary Action form in the employee's personnel file. 642 Corrective/Disciplinary Action forms may affect performance evaluations.

6Ft

COBE	Section 1 and the second contract of the seco
L	CTIVE/DISCIPLINARY ACTION ORM
Name Step	Janu Bustamant 11.1
Job Title CNA	11/46/16
Level of Corrective	tion:
Oral Counseling (no employee signature need	Written Warning [ Suspension [Termination
Problem: (violation of	Ules, standards, practices or unsatisfactory job performance)
Absenteeism	Dress Code
L rardiness	Poor Customer Service Policy Violation
Detail: (what, where, #	ien hour
	I'l 'Ray Marco car y
1000	
to resident	shrs, as a result could have led
TOSICION	talling possibility could be led
Prior Discussion and	Warnings:
1000	5, dates:
Council na on	( Name of the Control
importance no	timely care of resident(s)
1	COL
Consequences of Failing	70 Immuni
- Written war	OI W
Employee Comments:	
changed a H!	30 sot oth
Went to TAI	unch D Sills les Lip for durings
Mazel L	vas on floor. loiso came brom
Re-evaluation meeting scaledule	ed for:
, algricial e.	I - Consideration of the second of the secon
	ox and sign as witness
Supervisor signature:	Dellosens
Administrator signature:	Date: 11 25/15
(required)	Date:

CORRECTIVE/DISCIPLINARY ACTION FORM					
Name Adrianne Brown Date \$126 8/31/16					
Name / Kiriquick 18 CO WILL					
Job Title Supervisor HUDA PULIDO					
Level of Corrective Action: Oral Counseling Written Warning Suspension Termination (no employee signature needed)					
Problem: (violation of rules, standards, practices or unsatisfactory job performance)					
☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation					
Tardiness Poor Customer Service Other:					
Detail: (what, where, when, how)  Landy on 8/26 and 8/29					
<del>and the state of </del>					
Prior Discussion and/or Warnings:					
□ No □ Yes If yes, dates:					
Summary of Corrective Action:					
Consequences of Failure to Improve:					
Employee Comments:					
Re-evaluation meeting scheduled for:					
Employee signature: Date:					
If employee refuses to sign, check box and sign as witness					
Supervisor signature: Date: \$\frac{21/16}{21/16}					
Administrator signature: Date:					

File the Corrective/Disciplinary Action form in the employee's personnel file.

Corrective/Disciplinary Action forms may affect performance evaluations.

6 MM

(required)

CORRECTIVE/DISCIP	PLINARY ACTION FORM
	1-1.
Name Lina Herrandez	Supervisor Stude Pucido
Job Title	Supervisor SHUPT PULIVO
Level of Corrective Action:  Oral Counseling (no employee signature needed)  Written Warning	☐ Suspension ☐ Termination
Problem: (violation of rules, standards, practices	or unsatisfactory job performance)
☐ Absenteeism ☐ Dress Code	Attitude Policy Violation
☐ Tardiness ☐ Poor Customer Service	Other:
Jardy on 8/28/16.	
Prior Discussion and/or Warnings:  No Yes If yes, dates:  Summary of Corrective Action:	
Consequences of Failure to Improve:	The state of the s
Employee Comments:	er ====================================
Re-evaluation meeting scheduled for:	
Employee signature:	Date:
☐ If employee refuses to sign, check box and sign as witnes	
Supervisor signature:	Date: 8 31 16
Administrator signature:	

(required)

CORRECTIVE/DI	SCIPLINARY ACTION FORM
Λ (	Cdax 8/31/16
Name Pariague 1860	Supervisor HUDA PULIPO
Job Title	Supervisor.
Oral Counseling Written V (no employee signature needed)	Varning Suspension Termination
Problem: (violation of rules, standards, p	oractices or unsatisfactory job performance)
Absenteeism Dress Code	Attitude Policy Violation
☐ Tardiness ☐ Poor Customer S	Service Other:
Detail: (what, where, when, how)  andy on 8/26 a	nd 8/29
Prior Discussion and/or Warnings:	
☐ No ☐ Yes If yes, dates:	
Summary of Corrective Action:	
*/	
Consequences of Failure to Improve	
Employee Comments:	
Re-evaluation meeting scheduled for:	
Employee signature:	
☐ If employee refuses to sign, check box and sign	as witness
Supervisor signature:	Date: \$\frac{21/16}{21/16}
Administrator signature:	Date:

	 		341.130
	 	 -	<b>¬</b> N /

CORRECTIVE/DISCIPLINARY ACTION FORM
Name Tosh Bobadilla Date 8/31/16
Job Title Supervisor Hewa Pucitor
Level of Corrective Action:  Oral Counseling
Problem: (violation of rules, standards, practices or unsatisfactory job performance)
Absenteeism Dress Code Attitude Policy Violation
Tardiness Poor Customer Service Other:
Detail: (what, where, when, how)  and 8/26 and 8/27
Prior Discussion and/or Warnings:
□ No □ Yes If yes, dates:
Summary of Corrective Action:
V. A
Consequences of Failure to Improve:
Employee Comments:
Re-evaluation meeting scheduled for:
Employee signature: Date:
☐ If employee refuses to sign, check box and sign as witness
Supervisor signature: Date: 8/31/16
Administrator signature:Date:

GKK



	CE REVIEW			REVIEW DATE:	
EMRIOYEERNEGRMATION AND NAME: IY ONUL JOB TITLE: DEPARTMENT:	Filhord	શુ	DATE OF HIRE:	3	10/16
APPROPRIATE  JOB KNOWLEDGE	S-EXCELLEND)	4≟GOOD	B≣₹ATISFACTORY	2≒FAIR	1=Poor III
WORK QUALITY ATTENDANCE/PUNCTUALITY INITIATIVE COMMUNICATION DEPENDABILITY					
OVERALL RATING					
				was ferva	
opravisoranium pri					
			SUPERVISOR (G	(2008s)	w
DVINIS BEATOBS SVINIST /			SUPERVISORAGO Vin	Omm	n/

EMPLOYEE PERFORMANC	E REVIEW			DESMEM DATE:	
DVDFAVESURESAVESAVES	e construction of the contract		DOUBLE TO THE PROPERTY OF THE PARTY OF THE P	REVIEW DATE:	10/16
EMPROYEE INEGENATION OF THE NAME:	Honce				THE STATE OF THE STATE OF
NAME: MOMA OB TITLE: CNA	ronce		DATE OF HIRE:		
DEPARTMENT:		·			
PET ANTINCIAL:					
Workes					
APPROPRUATE				Appropriate and the second	
	5 EXCEPTENT		3 SATISFACTORY	2=FAIR	1=POOR
B KNOWLEDGE		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
ORK QUALITY					
TENDANCE/PUNCTUALITY		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
ITIATIVE			<del></del>		
OMMUNICATION TO STATE OF THE PROPERTY OF THE P		-V		[/	ļ
PENDABILITY					
ERALL RATING					
RVISO REDXIMENTES		Tikuc	ware M		
			aueenvisons + A	ONEXODAL SECTION	
NSTPARESENCE BASE					
XX-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			ADMINISTRATI	DELEGNATURE DE	
			$-1/_{-}$	(4)	

EMPLOYEE PERFORMANO	CE REVIEW			112		and the same of the same	
				REVIEW	DATE: +-	1/21/10	-
EMPLOYEE INFORMATION NO		60 as a said					MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MANUEZ MA
NAME: AMA	ones	OD PROVINCES SHIP	DATE OF HIRE:	S. D. S. C.	SHAKAN SO MA		em or
JOB TITLE:	ton co		DATE OF MIKE.	-			
DEPARTMENT:	100		1				
I IIAC	311.10		1	***************************************			
F30 (SECTION )		A SALES SOUTH WAY A SALES		en vinagentavira			
RVilla							
APPROPRIATE	(Sanzagravia)	Private Navida	Harayariya va saa	Vice de la Company	religion in the		
	SACACICCOAN		SESMISTRICION.	IMPRIZATION	Control House	T=LOOK-K	1000
JOB KNOWLEDGE							
WORK QUALITY							
ATTENDANCE/PUNCTUALITY			V				
INITIATIVE							
COMMUNICATION						_	
DEPENDABILITY							
OVERALL RATING			personal and a second				
and to verse of vivey as		·				-	
EWEIGNEE COMMENTS							
To do not	agree	いぞり	attendar	ice. Pi	unc.t.	oalita	
Im alwa	us bu	time	and L	narkli	V		
cull in	τ-				1		
			Francisco Contraction of the Con	WANTE TO		The second second	TEACHER.
			i systanya e	SIGNATURE		-nv - (- <del>n</del> v	
			EMPLOYES	SIGNATURE			
			ESTRACYES A	sevaru e			
			<u> </u>	- Kielanie s		6	
and garden continuents		***************************************				6	
and garden continuents	re. Work	6 Well				6	
	re. Work	s well				-6	
and garden continuents	re. Work	s well				6	
and garden continuents	re. Work	s well				6	
and garden continuents	re. Work	s well				6	
and garden continuents	re. Work	s well				6	
and garden continuents	re. Work	s well	with other			5	
and garden continuents		s well	with other	us.		5	
and garden continuents		s well	with other	us.		6	
Gwd patient con		s well	with other	us.		6	
and garden continuents		s well	with other	us.		5	
Gwd patient con		s well	with other	us.		5	
Gwd patient con		s well	with other	us.		5	
Gwd patient con		s well	with other	us.		5	
Gwd patient con		s well	with other	us.		5	
Gwod patient con		s well	with other	us.		5	
Gwod patient con		s well	with other	US.		5	
Gwod patient con		s well	with other	US.		5	
Gwod patient con		s well	with other	us.			

**EMPLOYEE PERFORMANCE REVIEW** 

				REVIEW DATE:	8/24/16.
EMPLOYSE INFORMATION NO		ATS ASSEMBLE OF	Security and a second	esta de la composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición de la composición dela composición de la composición dela composición del	2 1041 (6.
NAME: Warda.	mathew		DATE OF HIRE:	SOUTH THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS	AND THE PROPERTY OF THE PARTY O
JOB TITLE: CNA	100 1100	V./	F.11.2.5		
DEPARTMENT:					
RATINGS			CONTRACTOR OF THE		
					and the second
APPROPRIATE	5≑EXCELLENT®	#=G000	<b>BESATISFACTOR</b>	Y. 2≝FAIR	1=POOR
JOB KNOWLEDGE					
WORK QUALITY	<i></i>				
ATTENDANCE/PUNCTUALITY		/_			
INITIATIVE					
COMMUNICATION		~~~~			
DEPENDABILITY					
OVERALL RATING					
and of the second second		***************************************			
7	- N.C.	<u>^                                    </u>	<u>γ</u>		0.1 211
1 might not 4	ulk ala		D aluny	A been I	like ahat
Decorrise of Gran	'+ leke	e aljet	9 0,055	10 And 0	us Arcas
leadeship u	when yo	un in	A Part San	y plan	Schothing
and me	W. KJ. G	My	Helnd	lo there	what
you, are b	558-U	10 mg	rust &	tay de	myself
also D. have !	LOER OR	C. N.A 1	Un EMEROYET	SECUTION.	10
31 4.M. Fan	d I no	i what	P		
West But it	it some	Hinceb	out		
2 Meridant St.	.00 Nu	lak u	0.		
SUPERVISORICOM MENTIS	Athough				
					he fastest
pare, in her ow			he his p		ae very
dependable voita	exections		quel ty		does tend
to be on the	quiet sid	le, not n	ecosonly	a bad thi	ng I would
like to see won	da more	vocal a	5 one mi	ght do in	a leadonship
role. I also to	nink woon	da could	improve in	taking -	the initiative
at contain times	i. Oue - o	y word	SUPERVISE	nasionamie """	
is a great ana	and a	pleasure -	G (		N N
have work on	station of	2_		De	1
epinistratoji (epinpietris)					
				بريانيس ويرب	
			ADMINIST	ratolo-agnature	
			THE DOCUMENT	2002	
			/	45-	

USCA Case #17-1191 Document #1708342 Filed: 12/11/2017 Page 106 of 250



EMPLOYEE PERFORMANC	E REVIEW			REVIEW DATE:	To: II.
EMORAVESSKIP TOATAVERSAUMS	CALCA Maria de La Calcada de Salabara de Calcada de Calcada de Calcada de Calcada de Calcada de Calcada de Calc				7/21/16
EMPROVEE INFORMATION MAINE: \S\V\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	14	AND THE PERSON NAMED IN	DATE OF MIRE		Salat School (Class) In 1970
JOB TITLE:	214	****************	DATE OF HIRE:	***************************************	
DEPARTMENT: OLIS	7)/h		-		
DEPARTMENT:					
BATINGS			en extension of the second		
APPROPRIATE:	SHEXCEULENT	4=GOOD ***	3=SATISFACTOR	y 2≡FAIR	1≡POOR (
JOB KNOWLEDGE					
WORK QUALITY					
ATTENDANCE/PUNCTUALITY		/			
INITIATIVE					
COMMUNICATION					
DEPENDABILITY		\			
OVERALL RATING			1		
SUZEROS O COMMENTOS				lla J	Ufler
			SUPERIOR	OREGINATURE FA	w
ADMINISTRATOR COMMENTS				<u> </u>	
ADMINISTRATOR COMMENTS VA					
WHAT THE THE THE THE THE THE THE THE THE TH					
			I SERVICE I	Comment of the August Tools of August Com	
			ADMINIST	RATORISIGNATURE	
				100	(a)
				- N	· · · · · · · · · · · · · · · · · · ·

EMPLOYEE PERFORMAN	CE REVIEW		REVIEW DATE: 8   24   16
NAME: JOST JOB TITLE: DEPARTMENT:	Bobadula	DATE OF HIRE:	
(WARIGE)		e le santany in ive	2=FAIR REPOOR TO SOLET
JOB KNOWLEDGE	3 SEA CELECTION S SECOND S	S DE PATIBIOS SEZIMANDO	HI SON
WORK QUALITY			
ATTENDANCE/PUNCTUALITY			
INITIATIVE	<del> </del>		····
COMMUNICATION DEPENDABILITY			
OVERALL RATING			
	a		
explores completions	or all the expe		0 = 1
ysavkon emmerin		Julia	Blubble
			MWX
DANNSTRATION ELONATIONS (2)		1 100	
		L C	SGVALUE Z

DVW/SVSS Newsysters	PER COMPANIO POLICIO DE LA COMPANIO	570 API - SPAN API - S		REVIEW DATE:	
NAME: BLOM	ayen		CONTRACTOR STATE OF THE CONTRACTOR OF THE CONTRA		的经验的特别 建建筑
JOB TITLE:	- inter	)	DATE OF HIRE:		
DEPARTMENT:		************	1	us ileas en en en en en en en	
IA/FINGS					
APPROPRIATE	Is excelled in	Lecono /	LESSATISTATIONS	D-tAire	W RESTORES TO BE AND ADDRESS.
IOB KNOWLEDGE	Marin Commence Server	THE PROPERTY OF STREET	V	Contract of the contract of th	ASSESSMENT OF THE PARTY OF THE
WORK QUALITY		V	<b></b>		
ATTENDANCE/PUNCTUALITY	1				
NITIATIVE		1	1		
OMMUNICATION					
PEPENDABILITY		11			
VERALL RATING					
no toxos va gymento		*************			
				•	
	76-million - 1 0		I Control of the Cont		
	-10			A CO	

forevise a structerio	
West the second	
	FUZ-SILVSOLSIGNATURE 22 00 00 00 00 00 00 00 00 00 00 00 00
	A
Ninisianga companis	V
	ADMINISTRATOR REPLACED.
	apministratura sinatura sama sa
**************************************	

				1	EVIEW DATE:		
EMRIOYEEINEORMATIONM		Marina Marina		COLUMN DESCRIPTION	SECTION SECTION	CANCEL CONTRACTOR	
NAME: JEVENNA	Tompkins	CONTRACTOR OF SCHOOL SERVICE	DATE OF HIRE:	<b>有多种的特殊</b>	CAN PROPERTY OF	MICHIGAN PROPERTY	
JOB TITLE:	120141113		DATE OF TIME.				
DEPARTMENT:			7				
				-0			***************************************
Manas							
							10.0
APPROPRIATE (1997)	SHEXCELLENT	4≡GOOD	3=SATISFACT	DRY.	=FAIR	( 1=P00	)R
IOB KNOWLEDGE		land the second second					
WORK QUALITY							
ATTENDANCE/PUNCTUALITY							
NITIATIVE							
COMMUNICATION							
PEPENDABILITY		/					
VERALL RATING							
VAVELAND STATE OF THE STATE OF	ı						
MODITE COMMENTS			. descrio	K 110			
Jeremy knows	what 1	Nis job	de rayon	19.00	. He	docs	Communic
changes in x	s stubs	proof pr	anyty.	hime	ver re	spond	~ to
nursing in he	edsets is	your av		nes de	WA wat		r 'ru
0			D EN EN				A
wear them. I	do believe	v 2 102 -	of the	- X	la 'b	V AND	
wear them. I	do believe	e hi c	un take	mus	- init	lation	in
wear them. I	(WA'S)	e hi c	un take	mus		V AND	
The second secon	(WA'S)	e hi c	un take	nesignati		V AND	
The second secon	(WA'S)	e hi c	un take	mus		V AND	
The second secon	(WA'S)	e hi c	un take	mus		V AND	
The second secon	(WA'S)	e hi c	un take	mus		V AND	
The second secon	(WA'S)	e hi c	un take	mus		V AND	
ossisting owns	With 1	e he co	un take	e Signatu	32	iation	100
assisting owns	disparce	with con	Amia nice	i solati	lith w	lutia	10
ossisting owns	disagree	with cor	nmunicos s jokes f	i solati	lith w	iation	in solutions
envisorionmentos  I Complettey  Ither nurses you	disagree nt respond	with con	nmunicos s jokes f	i solati	lith w	lutia	10
assisting owns	disagree nt respond	with cor	nmunicos s jokes f	i solati	lith w	lutia	in solutions
envisorionmentos  I Complettey  Ither nurses you  peech and xl	disagree nt respond	with con	Aminoicos s jokes f	tion in haf as	lith on at and if were	lutia	in solutions
envisorionmentos  I Complettey  Ither nurses you  peech and xl	disagree nt respond	with con	nmunicos s jokes to	tion in	lith on at and of were	unrse estana Mare	in solutions
envisorionmentos  I Complettey  Ither nurses you  peech and xl	disagree nt respond	with con	nmunicos s jokes to	tion in	lith on at and of were	unrse estana Mare	in Lmg Line
envisorionmentos  I Complettey  Ither nurses you  peech and xl	disagree nt respond	with con	nmunicos s jokes to	tion in	lith on at and if were	unrse estana Mare	in Lmg Line
ensisting owns  ensisting owns  il-completely  ither nurses do  peech and xlo	disagree nt respond	with con	nmunicos s jokes to	tion in	lith on at and of were	unrse estana Mare	in Lmg Line
ensensements  L-Completley ither nurses do peech and x lo	disagree nt respond	with con	nmunicos s jokes to	tion in	lith on at and of were	unrse estana Mare	in  S  L my  Line
enservements  I Completly  ither nurses do  peech and x lo	disagree nt respond	with con	nmunicos s jokes to	tion in	lith on at and of were	unrse estana Mare	in  S  L my  tithe
ensensements  L-Completley ither nurses do peech and x lo	disagree nt respond	with con	nmunicos s jokes to	tion in	lith on at and of were	unrse estana Mare	in  S  L my  tithe
ensensements  L-Completley ither nurses do peech and x lo	disagree nt respond	with con	nmunicos s jokes to	tion in	lith on at and of were	unrse estana Mare	in  S  L my  tithe
ensensements  L-Completley ither nurses do peech and x lo	disagree nt respond	with con	nmunicos s jokes to	tion in	lith on at and of were	unrse estana Mare	in  S  L my  tithe
envisorionmentos  I Complettey  Ither nurses you  peech and xl	disagree nt respond	with con	nmunicos s jokes to	tion in	lith on at and of were	unrse estana Mare	in Lmg Line
ensisting owns  ensisting owns  il-completely  ither nurses do  peech and xlo	disagree nt respond	with con	nmunicos s jokes d chas el	tion in hat as	Lith on at and were	urse astono	in Mary Withe
ensisting owns  ensisting owns  il-completely  ither nurses do  peech and xlo	disagree nt respond	with con	nmunicos s jokes d chas el	tion in hat as	lith on at and of were	urse astono	in Long Withe

EMPLOYEE PERFORMANC	E REVIEW		REVIEW DATE:
NAME: LYCYCE JOB TITLE: DEPARTMENT:	Ontraveruz	DATE OF HIRE:	
RAPROPRIATE  JOB KNOWLEDGE  WORK QUALITY  ATTENDANCE/PUNCTUALITY  INITIATIVE	SHEXICEPLENTA (PEGOOD)	3 - SATISFACTORY	2-FAIR 1=POOR
COMMUNICATION DEPENDABILITY OVERALL RATING			
UMOR (	Li Atiu	- Li Qom	Ontivera
nymistratora e vivilanta ( )			700)mc(
		ADMIRUSTRATOR	DSIGN/ADJRE & M.

EMPLOYEE PERFORMANCE	REVIEW			REVIEW DATE: 7	22/10
EMPLOYEE INFORMATION AND	Ruckenac	water water	DATE OF HIRE:	7/22/19	
NAME: SEPHANIE IOBTITLE: CNF	DUSTALLIC	IIIC			
DEPARTMENT: NUISI		***************************************	Annual	2016	
DEPARTMENT. / VIAL 31	110				
RAVINGS					
		TO SECURE OF SECURE	3=SATISFACTORY	2=FAIR	1=POOR
APPROPRIATE	多らKR	4	S-SALIDEAC IVAL	THE STATE OF THE S	
IOB KNOWLEDGE	· · · · · · · · · · · · · · · · · · ·	_X			
WORK QUALITY	X			X	
ATTENDANCE/PUNCTUALITY	~				
INITIATIVE		<b>一</b> 又一			
COMMUNICATION		×		1	
DEPENDABILITY		-	17		
OVERALL RATING	L	L			
MOLOVED COMMENTS  COMMUNICATION				γ	setween
Teaminos Tea	Les to m	nowld be nowld batine Ind enjoy resident	love medicision	elhant	2 deals
			SUPERVISORS  V/to	GVATURĖS S. VAS	
			1/10		
Adoministratori edimments					*
		-1-1-1-1-1			
			activitiste a	TOR SIGNATURE	1,147,556
Ü				4	

EMPLOYEE PERFORMANO	E REVIEW				
				REVIEW DATE:	2/14/1
EMPLOYES INFORMATION A	CESTANIAN ESTAN	35.75.040.25			3/19/16
NAME: MODICA	Kemu		DATE OF HIRE:		CONTROL OF STREET
JOB TITLE:	- MILIO	40	DATE OF TIRE.		
DEPARTMENT:					
1-7	***************************************	***************************************			
Wines	YAYUN DESARTION				
・シスペンとは、その他のでは、他の中では、他の中では、他の人が行うを行うが、					
APPROPRIATES	SEEXCEPTENTA	4EGOOD 8	# 3 SATISFACTORY	数数 2年FAIR XXX	1≒POOR
JOB KNOWLEDGE					
WORK QUALITY					
ATTENDANCE/PUNCTUALITY					
INITIATIVE					
COMMUNICATION		_/_			
DEPENDABILITY					
OVERALL RATING					
exercização oxigates					
The second secon					
The second second					
Harman Salahan Salahan Salah					
			province and the second	AND DESCRIPTIONS OF THE PARTY O	W. Jacob and Company of the Company
		*****	TAIR COYUNK	auxieu;	
2000				1/100	11111
				1110	M
		-	,,,,	The party	
gravise a commercia	WYTE BEEN TO SE				
	water the last		772		
			······································		
			Table Day of 2004		
		4ml 2444 1	SUPERIVISOR	alov(400)tt	
				( )   ?	
- Harris			1 1 0.	1/1	2
TO Professional Supplementary					
ginistratoja cogniturs					
		· · · · · · · · · · · · · · · · · · ·			
			ADMINISTRA	(etasjej/Aibbi	
	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		///	101	
			/ / /	1	

EMPLOYEE PERFORMANC	E REVIEW			REVIEW	DATE	77
NAME: JUNCO (  JOB TITLE: COM  DEPARTMENT: DOM	awarao ang		DATE OF HIRE:	Review	DATE:	1/2\ //φ
RATINGS APPROPRIBATE  JOB KNOWLEDGE  WORK QUALITY  ATTENDANCE/PUNCTUALITY  INITIATIVE  COMMUNICATION	SEEXGELUENT/S	(PGOOD)	BESATISEACTO	DRY 3 2=FA	IR	1=POOR
DEPENDABILITY  OVERALL RATING						
These ratings on with CNA for CNA excellent au job knowledge I do appreciate help and learn time areas of rosolved.	G Ghort p celity communica communica	eriod of coorless and positive	time, co Besident	ca imp	rove ;	orked deflect a pow oil 2 core.
DOUNGTPHOBEOLOGIERES				COLSICO AND HE		
				THE STATE OF THE S	ýne.	u-e <sup>r</sup>

EMPLOYEE PERFORMAN	CE REVIEW			REVIEW DATE:	0 03 11
EMPROYECTNEOR MATRICINAL					8-03-16
NAME: DOWN		es.	DATE OF HIRE:		
JOB TITLE:					
DEPARTMENT:				<del>/************************************</del>	
RANKS					
	IV-EVALUE VALUE	En Control	BESAUSPACION/	INCOME.	Self program
JOB KNOWLEDGE	PARAGREGERADA	#50000%sign	Harana Harana	SHEBA ETLIENIANINA	i i i i i i i i i i i i i i i i i i i
WORK QUALITY					
ATTENDANCE/PUNCTUALITY	<u> </u>				
INITIATIVE			<del> </del>		
COMMUNICATION	1				
DEPENDABILITY	·				
OVERALL RATING			1		
			1		
ambiovacy mineros					
	Banes de National		Mariana S.		
	3703				
		1190-911-11		(60)(703)	
***************************************			1505555555	I N	
			POLLE	alth la	notan
****		~~~~	10000	· in car	March 1
(0.10. and a second					
(Pewson controls					
	***	***************************************			
	×40.000	· · · · · · · · · · · · · · · · · · ·			
					·····
1997			1537756		
	V		SUPERVISOR	SIGNATOR	
				Mal	
**************************************				70/10	
MINISTRATORICOMMENTS			***************************************		
DIOCE HATOS SOLVIMENTO AND					
		all pitters and the second			
		*			
			ADAIGIST .	Vyrostopavuje	
			biogr	Warrangiawing	

CIVIPLOTEE	PERFORMANCE	KEVIEW			REVIEW DATE:	
EMPLOYEEAN	HORMATION MAN		Militarie (Const		Markata ana katangan	
NAME:	P <i>yi</i> <b>s</b> callo	Gruts	163	DATE OF HIRE:		
JOB TITLE:			3			
DEPARTMENT:						
RAVAINGS						
APPROPRIATE	5	envertiene.	M=Gelop	BESATISFACTORY	Iz≘fair +	1=POOR +
JOB KNOWLED		OTTO TO THE OWNER OF THE OWNER	SHEET RESERVED		SA PAUL AUGMINISTRA CO.	
WORK QUALITY						
ATTENDANCE/					1	
INITIATIVE						
COMMUNICATI	ON			1/		
DEPENDABILITY						
OVERALL RATIN	IG					
H.Va.				AND ADDRESS OF THE PARTY OF THE		
EMERICAGESCOMM	ENIE RESERVED					
				pro menomentalization	(APRO-1014 PART 1014 PART	PT PROTEIN WARREN FOR A STATE OF THE STATE O
		COLOR DE LA CONTRACTOR DE	****	ENEROYEVSION	ATORY	
			(r)	$ \bigcirc$ $\wedge$	Y AC	
				11.10		
Januar anu	Janua .		***************************************			
	200000000000000000000000000000000000000	D. W				- HIII
***********						
	101141	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
						The street of th
	······································			Is necession of	MODE.	
	II			80/200432080		
	***************************************			- (1	$\mathcal{V}$	-//
		<del>*************************************</del>		1	70100	W-
DANNE TATE	MANUAL STATE					
			***			
	***************************************			HEWHICH WE HAIREST STREET		17400014
				<del></del>		
	Was	********************* <b>*</b>				
				NAME OF THE PARTY	18(6))/(1916	
**************************************			***************************************	Phanutiannoi 92		
				— / / · .	, 1	

Lean

EMPLOYEE PERFORMANC	CE REVIEW			REVIEW DATE:	211 11
EMPLOYEE INFORMATION MA	entalisa kan Alberta	A ROBERT AND A STATE OF		Visit Colonia de la Colonia	16-16
	Lugurz.		DATE OF HIRE:		A CONTRACTOR OF THE SECOND
JOB TITLE:	miling.		DATE OF TIME.		
DEPARTMENT:					
EA-TERIORICA III					
MANAGEMENT AND	AND AND THE PROPERTY OF	ESMORES AND	AL ADMINISTRAÇÃO VA		
RATINGS					
APPROPRIATE	SEEXCELLENI/	4=G00D	3=SATISFACTO	RY. a. L. 2≐FAIR	1=POOR
JOB KNOWLEDGE	5				
WORK QUALITY			3		
ATTENDANCE/PUNCTUALITY	5	***************************************			
INITIATIVE		4	<b></b>		
COMMUNICATION				13	
DEPENDABILITY				13	
OVERALL RATING	21				
TOTEL RATING					
aware set and a set and a server and a serve					
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
			www.muccowsenie		
					XIII III XIII XIII XIII XIII XIII XIII
			West of the second	naning mention are as a state of the	Martin and Allerton Martin and Andrews Control of the Control of t
Lander Control of the			EMSTONE	ESIGNATURE -	
			/ / //m	how that	Maria -
			1000	1621 AVOOR	ny we y
				(20)	0
Entrantia de la constanta de l	Donah	1.6.	12.11	6/2 6	111110011
DECEMBER OF THE PROPERTY OF TH	15 111000 15	very K	Mowse dga	ou on jus	WOOK SKILL
Lows not pred	nuch flye	ection.	she is de	ependable	andfinensel
in regards to de	after	dance	. She Ca	in a Edy M	The edycation
whom it comes	to festo	lent 1	espect a	nd, Leelin	gs. Hmbex
Can Uso, Use	Some 1	nstrice	Hon on	Jean Wo	ok and
Composition W	16 /pw	rollers.	Amber	hos alo	tof
Dential and	Ment	1 111	TE SUPERIORS	OU SOM YOU'U	
With.	-great	A CONTRACTOR OF THE PARTY OF TH	ZA CONTRACTOR		
114.					
MANUAL PROPERTY OF THE PROPERT		***************************************			
TO SERVICE OF THE CONTROL OF THE CON		***************************************		***************************************	
	WATER CONTRACTOR				
	Without February Commission				······································
					·····
· · · · · · · · · · · · · · · · · · ·					
Alexander (1997)			VIEW CONTRACTOR OF THE PARTY OF	erannia er makkiringgentak (konjumenten	VY INCOME A CONTRACTOR
			ADMINIS	paro esignature	
		4		1 QIA	
				-(X)>-	The second section and interest reports of the second

EMPLOYEE PERFORMANCE	REVIEW		REVIEW DATE:	stor by a
BANKS VEEN WEEK AND SERVICE OF	CATHOLOGY AND	TOTAL CONTROL OF THE SECOND CONTROL OF THE S	1 8	THIL
EMPLOYED IN GRANA HOUSE				Wheter all Francisco
NAME: YOUNG	Heurardia	DATE OF HIRE:		
DEPARTMENT:				
OCTARTIVERT.				
PATRICES .				A CONTRACTOR OF THE CONTRACTOR
APPROPRIATE :	EEXCEUENTS 4EGOOD &	# DESATISFACTORY	2=FAIR	1 POOR
JOB KNOWLEDGE	31	V		
WORK QUALITY		V		
ATTENDANCE/PUNCTUALITY		V		
INITIATIVE		1/		
COMMUNICATION				
DEPENDABILITY				
OVERALL RATING				
explore evaluations				
	And the second s			
			-	
The second secon				
		The state of the s		ESTANDAM CONTRACTOR DATE
	· · · · · · · · · · · · · · · · · · ·	en exocutato	AWREST	
		- 12 /sid	1 (1) nova	oin Da -
		YUU	a Hour	wall
		1/		0
granda antique		<i>y</i>		<del></del>
		************		
	***************************************	<del></del>		
		~~		
		100000000000000000000000000000000000000	AND THE PERSON NAMED IN COLUMN 1	Color Name (Color Color
			DOTTO SOCIETO MANAGEMENT THESE	
			or/AORI	
				2/1/1/10
			alla	8/19/16
				8/19/14
NUVISTRATORI CONTINENTS				8/19/14
NUVESTRATORS CONTINUES				8/19/14
MENERIZATO BECOVINI SUISE				8/19/14
MMSBAGBSON/MEDIS				8/19/14
XXVS 13 11013 SO XXVS 1153				8/19/14
MW/S12449BCOV/MENIS			alls	8/19/14
MWsipaigus covwensa				8/19/14
MNSBM6B-00/M-DB-0/			alls	8/19/14

EMPLOYEE PERFORMAN	CE REVIEW			REVIEW DATE:	
EMRIQUEE INFORMATION A		en gamezinien	Selection (Selection)		CONTRACTOR STATE
NAME: Yelle	nia Yesh	auā	DATE OF HIRE:		
JOB TITLE: CNA					
DEPARTMENT:					
RANGS		Version and the second			
					Manager 19
APPROPRIATE AND STREET	SEEXCEPTENT	4≢GOOD	3 = SATISEACTORY &	2=FAIB	1≒POOR
JOB KNOWLEDGE					
WORK QUALITY					<del> </del>
ATTENDANCE/PUNCTUALITY INITIATIVE					<del> </del>
COMMUNICATION					<u> </u>
DEPENDABILITY					
OVERALL RATING					
	1				
av@extascovivistes	<b></b>				- n
			อสูกสะอังเลยส์ส	VATURE	
			- yes	aria Ro	ratta
apranosa a composito	7- 011	fairness	to ent	t have an	
a Small scriple			in her again		
Boord on what -		seen 1	would itel	to suc	every Acr)
	achotive		cotion and	despendato	ilitu u
		s her ov	wall work	quality	s cood
1 look forward		ny her a			
and re-evoluating	2000A				
			1/	\ \	1
					4
DMINISTRATOR CONTINUES					
		****			
			The forest and	D. PGIV (Urb	
			Abionstructi	DESEGNATURIS	
			NSKINISHAN 2	Sessovatorii So	

- COLE LEW OWNER	CE REVIEW			C	
				REVIEW DATE:	08/10/10
EMELGYEEINFORMATION					a cidacina kanana
NAME: COALLOL	Kangel		DATE OF HIRE:		
JOB TITLE: CNA					
DEPARTMENT:			1		
Buchyzerowowerowerow	Service de la company de la co	STATE OF THE PARTY			A SPECIAL CONTRACTOR
PATRICIS					
Даркоримия	SEEXCEULENTA	1≓GOOD%%	: B∈SATISEACTORY:	2≒EA\R	i. 1≡POOR
JOB KNOWLEDGE		سسا			
WORK QUALITY					
ATTENDANCE/PUNCTUALITY					
INITIATIVE			I V		
COMMUNICATION					
DEPENDABILITY			MATT		
OVERALL RATING			سسا		
eMOteXces ver fly (e/ms)	·				
***************************************					
			ECTOROVER'S	WATER	
			- Ka	and Ro	mael
	**************************************		10. 100	fuel -na	riges
SNEEDS STORMAN CONTRACTOR STORES	alla ta	0			
peruser converte o not bad it ju	Adr home	came	or bug mo	H and 20	itiafactou
a not know it ju	othean	a men	MODER OI I	the uni	consumulars.
J				U	
				·	
	(ICANOMIA				
		***************************************	la il se i vico con i	KGI/AYDFII S	
			SIJE 101500E	(1) (Z	
	(1.00m); (1.00m); (1.00m); (1.00m);		SUPPLIVISOR	IX dx	
	(CACCO)			Wer	9
VINS PAYS & SOVETE				Wer	9
XINIS RATOR COMPANYS				Wex	9
NUSBAIG RECORDED				Wex	9
NUSBAIG COMMENS				Wer	)
SINSTANS RESUMBLES				Wer	9
ANUS (2010) S.				Wer	9
VINSTENIO SEONO ESTIS				Wer	9
VWSPAIGS CONNENS				Wer	9

EMPLOYEE PERFORMAN	ICE REVIEW		REVIEW DATE:	7/2/16
EMPLOYEE INFORMATION		n en		7/2/16
NAME: (Soch)	ia clark	DATE OF HIRE: 9	12/15	
JOB TITLE:	VA-	1 A 1	-	
DEPARTMENT: NIKS	ina	Annual	2016	With the second
A: SV WITE	J			
RAVINGS				
APPROPRIATE	5=EXCELLENT 4=GOOD	3=SATISFACTORY	I2=FAIR	1=POOR
JOB KNOWLEDGE	SENCELLENI 420000	SESATISFACTORS	16127-1703	1-rook
WORK QUALITY		15		
ATTENDANCE/PUNCTUALITY				
INITIATIVE		V		
COMMUNICATION		V		
DEPENDABILITY				
OVERALL RATING				
ave eves souvents		improviessio, SCI	arurisa anl	
DMINISTRATIOB COMMENTS.		SUPERIVISORS (	balk	<u>8  α  φ</u>
			OR SIGNATURE	
		AMADINISTICATI	3 C	
			30	and the same of th

USCA Case #17-1191 Document #1708342 Filed: 12/11/2017 Page 121 of 250

EMPLOYEE PERFORMANO	CE MENIEW			ſ	REVIEW DATE:	chalus
EMPLOYEEINFORMATIONEL		ersional trade and	and the	0.000000		
NAME: Beniele	Ostis		DATE OF HIRI	:		
JOB TITLE:						
DEPARTMENT:			<u> </u>			
RAVINGS			(CSDS)			
RAPPROPRIATE						
APPROPRIATE	SPEXCELLENT	4=GOOD	3=SATISFAC	TORY	2=FAIR	1≐P@OR
JOB KNOWLEDGE						ļ
WORK QUALITY		J	V			
ATTENDANCE/PUNCTUALITY			/			
INITIATIVE			1			ļ
COMMUNICATION						
DEPENDABILITY			1			
OVERALL RATING	L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
axianne edrinani						
					***************************************	
	Triet					
······			Tr/Sic	AND DESCRIPTION OF THE PARTY OF	STATE OF THE PARTY	Company of the second s
		The same of the sa	EME	ova sleto	mu -	
					-	
			-1V	n On	~ ~ · · ·	JO1.
			18	DURU	me (	Jeriz_
The second of th				DURU	me (	Kriz
gjagoka remulaji s				DIRU	me (	kiz
VIZANSKED KETALVALJAN			18	DURU	me (	Riz
gravico comungos			<u> </u>	DURU	me (	Riz
				DIRU	me (	kiż
			18	21Re	me (	kiż
			18	DIRU	me (	Riz
						Riz
				(ivseed)	gosa	Riz
				(ivseed)	gosa	Riz
				(ivseed)	gosa	819/14
				(ivseed)	gosa	8119/11p
				(ivseed)	gosa	8119/11p
				(ivseed)	gosa	8119/110
				(ivseed)	gosa	8119/110
				(ivseed)	gosa	819/14
				(ivseed)	gosa	8119/11p
DANNERS CONTRACTOR				Hickory	ariume BUB	8119/119
				Hickory	gosa	8119/119
				Hickory	ariume BUB	8119/119

	CE REVIEW	2	
			REVIEW DATE: 8/11/16
<b>EMPLOYEEINFORMATION</b>			Protection and the Contract of
NAME: NAU	ie Alva	DATE OF HIRE:	
JOB TITLE: CAJA			
DEPARTMENT: NUCLSI	ng		
	J		
Revalves		150	
APPROPRIATE	la de la composição de la		
	SHEXCELLENT 4 4 GOOD	BESATISFAL	1=P00R
JOB KNOWLEDGE	1 4		
WORK QUALITY  ATTENDANCE/PUNCTUALITY	- 14		
INITIATIVE	-2-		
COMMUNICATION	1 3 1		Gon(S)
DEPENDABILITY	5		2
OVERALL RATING		**************************************	8 +
EMPLOYEE COLUMNIA TEST OF THE			
			*
		<del>"                                    </del>	-
	***************************************	Transversleavi	137
		120	
78-79- WAR (5-1-1-10)		11100	1111
		1 4 4 5	
V-1	Hor a ar	out all'audo	al-a-d in
DEEMISON COMMENTS INC.		eat attitude	about work +
Feymoork, w		with others	. Takes great
	DE THE TONIAL		A A E A E C 13 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2
care with h	er residents	+ other rosic	dents. Always
Smiling + pos	itive Continu	us to impri	ove + grow in
// - 1	itive Continu her job. id	The state of the s	
Smiling + pos know ledge of	itive Continu	us to impracts	we the grow in
Smiling + pos Know ledge of loell. Learns	itive Contini her job. ic grows	us to impracto	ove + grow in
Smiling + pos Know ledge of well. Learns	itive Contini her job. ic grows	us to impracto	ove + grow in
Smiling + pos Know ledge of	itive Contini her job. ic grows	us to impracto	ove + grow in
Smiling + pos Know ledge of well. Letirns Keep up the	itive Contini her job. ic grows	us to impracto	we the grow in
Smiling + pos Know ledge of well. Letirns Keep up the	itive Contini her job. ic grows	us to impracto	ove + grow in
Smiling + pos Know ledge of well. Letirns Keep up the	itive Contini her job. ic grows	us to impracto	ove + grow in
Smiling + pos Know ledge of well. Learns	itive Contini her job. ic grows	us to impracto	ove + grow in
Smiling + pos Know ledge of well. Letirns Keep up the	itive Contini her job. ic grows	us to impracto	ove + grow in
Smiling + pos Know ledge of well. Letirns Keep up the	itive Contini her job. ic grows	us to impracto	ove + grow in
Smiling + pos Know ledge of well. Letirns Keep up the	itive Contini her job. ic grows	us to impracts ales constructs	eve + grow in the entropism
Smiling + pos Know ledge of well. Letirns Keep up the	itive Contini her job. ic grows	us to impracts ales constructs	ove + grow in
Smiling + pos Know ledge of well. Letirns Keep up the	itive Contini her job. ic grows	us to impracts ales constructs	eve + grow in the entropism

USCA Case #17-1191 Document #1708342 Filed: 12/11/2017 Page 123 of 250

EMPLOYEE PERFORMAN	LE KEVIEW			REVIEW DA	AYE: 7/21/	100
EMPLOYEERNFORMATION					<b>的现在分词</b>	IY Mariana
NAME: RPYCCA	thumaves	>	DATE OF HIRE:	9-11-9	15	
JOB TITLE:	•			- 10 <del>1</del>		
DEPARTMENT:	DUDDA					
(1980)	<u> </u>					
MANGS:						
APPROPRIATE	SHEXGELLENIT	d≘GOOD	CHANTS PACK	RY. (1 2≒FAIR	h₌po	OR
JOB KNOWLEDGE	CALCADO CONTRADO CALVADA		000 SC400 SEASO SC40 SEASON		i i	acretaced model (current
WORK QUALITY		V				
ATTENDANCE/PUNCTUALITY		V				
INITIATIVE		V				
COMMUNICATION		V				
DEPENDABILITY		V	W			
OVERALL RATING	1			<u> </u>		
ENCINYER CONTINUES	9			M		
	tude	1	do so		100	.7
O 10 Mary	were		an The	The state of the s	1	06-
- Can ao						
		-				
	- P-0-20-719					
			THE PARTY OF	a sternary		
	— TO SAFE PROBLEM		San Maria			
			MK	1	GATA	1
*** WILLIAM				1	J	- J-
s of the second property of the second second	·					
SURFAMISOR COMMENTS	1 //		· · · · · · · ·	0. 61		,
MANU MARKE	the please	ure go	Mouny	e nepe	ca for	<del>, ,</del>
meny years	· Mes	alu	up ai y	Seasur	ly au	ric
E Kekkeell.						
			199359959	enie szenskowaniem	WEXT TOWNS SAME	
				SORISIONATURES	$\mathbb{R}^{2}$	
				/m		
			1//	Mrc		House,
DMINISTRATOR COMMENTAL						
1200010810910820000000000000000000000000						
			W. Commenter of			
			- Liberton Committee -			
			IN STATE	TRATORISIGNATUR		
			- Indiana	(D) 1 (D)		
		<del></del>	-1/	- The		

EMPLOYEE PERFORMANCE	E REVIEW				014114	
				f	EVIEW DATE:	1/22/16
EMPLOYEE INFORMATION AND		SUBSTITUTE NAME OF	ATTACAMENT	to a second		and the same
NAME: LANOYOU F	-nas		DATE OF H	IIRE:	7/22/1	5
JOB TITLE: CNA				Λ	1 0 61	
DEPARTMENT: M	ursing			Annua	1201	[ρ]
	J				error by a transportation and a series	
RAVINGS:						
APPROPRIATE	5=EXCELLENT	4=G00D	3=SATISE	ACTORY-	2≡FAIR	1=POOR
JOB KNOWLEDGE		!_]		=		
WORK QUALITY	5					
ATTENDANCE/PUNCTUALITY					2 %	
INITIATIVE	5		1			
COMMUNICATION		71		111.2		
DEPENDABILITY		Ц				
OVERALL RATING		니				
EMEROVE COMMENTS  COMMUNICATION  COM	wim Salter Can Can	Jone Jone			Ac ne	Christ ally ally Dide:
SDEERVISOR COMMENTS	S Know	ledy of j	ob a g	fa'	1 /07a	Enas v 3 rudo
to livilion team	-alaki	INICO T	mpa	gu co	goverce	-cr ven
arear 1			-,			
~~~						
				<del>conomica de la</del>		<del></del>
			T		ATURE DAY	
				APERONAL PROPERTY	VASANIA PROGRAMME	
				VIII	7	27/107
				1/00		
ADMINISTRATOR COMMENTS		~		H1-(01-1178-110-1		
		**************************************		X		
	**************************************					
		· · · · · · · · · · · · · · · · · · ·				
						M
				ANNING TO A	VEIGNATURE 65	
	**************************************			100		

EMPLOYEE PERFORMANCE REVIEW	REVIEW DATE: 4/24/110
NAME: LING HEMANDEZ  JOB TITLE: CNA  DEPARTMENT: NUVSING	Annual 2016
APPROPRIATE SEEXCELLENT 4=GOOD  JOB KNOWLEDGE  WORK QUALITY  ATTENDANCE/PUNCTUALITY  INITIATIVE  COMMUNICATION  DEPENDABILITY  DVERALL RATING	3=SATISFAGIORY 2=FAIR 1=POOR 3
I believe I do a good in The naw I man about the box I try my block to hard and do all I car	DE WITH MY CRETIENTS  ONE THE CHECKE ATTENDANCE  DE NEVE - DENEUR TUDIC
HED ON MY TEAM. TAKK INITIAT	THATO NOTEE AND VERY ON HAMNES A GOOD DAY WITH OVE AND NEVER HAS TO BE ASK.
ADMINISTRATOR CONTROLS STATE	120/may
	AOMINISTRATORISTONATURE (C. C. C

USCA Case #17-1191 Document #1708342 Filed: 12/11/2017 Page 126 of 250

EMPLOYEE PERFORMANC	E REVIEW			REVIEW DATE:	1 21 11
NAME: SALAN CALL JOB TITLE: COLL DEPARTMENT: NAME	icia nog		DATE OF HIRE:		7-21-16
APPROPRIATE  JOB KNOWLEDGE  WORK QUALITY  ATTENDANCE/PUNCTUALITY  INITIATIVE  COMMUNICATION  DEPENDABILITY  OVERALL RATING	IS EXCELLENT	I-GOOD	SESYATISPACION	25FAIR	I=POGR+
MERULEN COMMENTS  At times Sure	L Scems	to get	(Stratu	901	residents
have behavior away and let	rogh wil	Ynou	She kno to take AND core and the	aver. c She want they	to walk du is axes sure receive adequat
OMINISTRATOR CONTINENTS					

USCA Case #17-1191 Document #1708342 Filed: 12/11/2017 Page 127 of 250

Christy

EMPLOYEE PERFORMA	ANCE REVIEW			REVIEW DATE:	192 )).
EMPLOYEE INFORMATION	nada salah salah salah salah			Marshar Statement	03 110
NAME: Morte	r Pachec	D	DATE OF HIRE:		
JOB TITLE:					
DEPARTMENT:	erili Sili I zana i manazaria		]		
	- Carrier - Carr				
BATOGS					
APPROPERATE	Issance meyer	Le colein	Les Aris Action	. Debaro sa	1-POOR
JOB KNOWLEDGE	F	The State of the S	e executives described	SHOULD BE THE STATE OF THE STAT	
WORK QUALITY	1 =				
ATTENDANCE/PUNCTUALITY		4			
INITIATIVE		य			
COMMUNICATION	5				
DEPENDABILITY	5				
OVERALL RATING	14.5		سيسطا وموري والمساب		
Networkings for					
MANAGEMENT AND THE PROPERTY OF THE PARTY OF	<b>建筑</b>				
······································					
			***************************************		
					7
	***************************************		EXCHOVES	neuvrea.	
771 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1	1 /	
	***************************************		$-(\times L$	15/1) X	1/1/10
	***************************************	Harris Action 1990			<i>v v v v v v v v v v</i>
literatus varintierija (* 1	861	w			
PERCENCIAL COMMENDED IN COMMENDED	<b>5</b>	····		***************************************	
			NAME OF TAXABLE PARTY.		
		· · · · · · · · · · · · · · · · · · ·	PERMIT		
			FUELERUSOR	ISIGNATORI SIL	
		***************************************		1	4 > 1
···		Z	1, 0	AC)	then
NINGSTRATERS COMMENTS	N	***************************************			***************************************
			***************************************		
	30000				
					- All Carlotte
	3 3 3		<b>ADMINISTR</b>	Nonsignatine	
			/.	CONTRACTOR OF THE SECOND	
				C /I X	



EMPLOYEE PERFORMANC	E REVIEW			REVIEW DATE:	1 17/0	
NAME: POU DIS JOB TITLE: COU DEPARTMENT: OUS	xa xa	# <b>63.00</b>	DATE OF HIRE:	1	1121110	
JOB KNOWLEDGE WORK QUALITY	PERXERBEROTS V	Heolopy ( )	SESATISPACIONY:	2=EAR****	1=Poor	
ATTENDANCE/PUNCTUALITY INITIATIVE COMMUNICATION DEPENDABILITY OVERALL RATING	\(  \chi \)	<u> </u>				
Great pt Care help others.	Fillow	dheet	ens well.		usilling -	to
SUPERVISOR CONTROL CONTROL						
			all division.	GYATÜÜ:	>	(C)
(DMINISTEATOR) COMMENTS						
			apanetera)	ORI SIGNATURE		

USCA Case #17-1191 Document #1708342 Filed: 12/11/2017 Page 129 of 250

EMPLOYEE PERFORMANO	E REVIEW				
0				REVIEW DATE:	121/11/1
EMREQUEETINEORMATION	Section Comments	STATE OF THE STATE OF	Proceedings of the Control of		Assertable Assertable
NAME: CPCIVIC	I MADAS		DATE OF HIRE:		TO STATE OF THE PROPERTY OF THE PARTY OF THE
JOB TITLE:	a (milinara	1			
DEPARTMENT:	USINA				
	112721111				
RATINGS	AND ADDRESS OF THE PARTY OF THE	A STATE OF THE STA	Income the second second second	2.0000000000000000000000000000000000000	This are the second
Control of the contro					
APPROPRIATE	Leavennevii Per	(0)0101 4 4 4	3=SATISFACTORY	D=EAIR	District Control of the Control
JOB KNOWLEDGE		THE PERSON NAMED IN COLUMN NAM		#20010000000000000000000000000000000000	A TOTAL PROPERTY OF
WORK QUALITY					
ATTENDANCE/PUNCTUALITY					
INITIATIVE	<u> </u>	7	***************************************		
		<u> </u>			
COMMUNICATION		<u> </u>			
DEPENDABILITY	11 =				
OVERALL RATING	(46	7		L	
ENGINEER MINISTRA					
BHOSHOME STATE OF THE STATE OF					
				AN-1747-0	
					au.
		·			
4					
			anaraha sigua	7007	The Control of the Co
					the second section of the section
			( ''	100001	\
i ne pasa ya ya ya ma				CHICK !	XX
			was and a second		
autawkon comments	when CNF	comes	to work u	oity posit	Livis
attitude and will		work 6			, ~
121	dependabi		Seat 1		1 knowledge
		1.1		The control of the second	
	on as Jakin		- instictive ;	(4)	what
tu visidents de	pend on du				(s)
can improve our	roll ghe is		BOARD WARRANT OF A PRINCIPAL OF A	ork with	0-0
is one of our	stronger a	0A'5	SUPERIVEORSION	ViOles	
				0	
				L X	
THE STREET STREET, AND ADDRESS OF THE PARTY STREET, ST					
PARTICINATE PROPERTY OF THE PROPERTY OF THE PARTICINATE OF THE PARTICINATION OF THE PARTICINA					
AND THE PROPERTY OF THE PARTY O					
				******************	
**************************************					
			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
			Tomographic	TO THE PERSON OF THE	
			ADMINISTRATOR	AGNATURE A MAN	Maria de Caracteria de la
			// >	0 -	

EMPLOYEE PERFORMANCE	REVIEW				
PW SCONGERO (ONL)				REVIEW DATE	8-10-16
EMPLOYEDINE DEMATION AS					Control of the Contro
NAME: KROLITICA	Grade	len_	DATE OF HIRE:		
JOB TITLE:					
DEPARTMENT:					
PATTICE SALES OF THE PATTICE SALES	N. V. T. GOLDON	OT INTERPRETATION OF	The state of the s	erree in the company	200 C C C C C C C C C C C C C C C C C C
(WY) I (GS					
Appropriate 5	EXCEPTENT	4=60000	N DESATISFACTOR	Y Þ∌BAR	POOR SAME
JOB KNOWLEDGE	X'		Series and	M10600400 157 0.1065240040	
WORK QUALITY	×				
ATTENDANCE/PUNCTUALITY	X		1		
INITIATIVE	Stree	X			
COMMUNICATION	X				
DEPENDABILITY		· · · · · · · · · · · · · · · · · · ·	<del></del>		
OVERALL RATING	-x				
- Factorial (ACTIVITY)					
ACIONO POD MINERTO					
	***************************************		***************************************		
			***************************************		
TO					
			73(Stoye	F60000	
			- Commission - Com		The state of the s
			1800	the !	Tooled.
· · · · · · · · · · · · · · · · · · ·	hara tirja ayan ayan			Me V	Carrier -
Million and the state of the second state of the second					
May be verification					
W. C. S.					
			·		
			tomatimasso		ACCOUNT AND ADDRESS OF THE PARTY OF THE PART
			50PERUSO	(A. 1600AVO)	10.72
			11	1/00 8	
				120	
CONTROL SECTION AND ADDRESS OF THE PARTY OF				· · · · · · · · · · · · · · · · · · ·	
ouvies ravious eous outstands					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
- The second distilled a server of the					
**************************************	· · · · · · · · · · · · · · · · · · ·				
			750007770770	sensa de la companya	
			ADMINIST	Algustanatum	and the second second
				(X)	
			/ V	177	



EMPLOYEE PERFORMAN	CE REVIEW			REVIEW DATE:	عا اما الا
EMPLOYEE INFORMATION IS					3/10/16
NAME: Anna	Gravi	Ver y	DATE OF HIRE:		THE PROPERTY OF THE PARTY OF TH
JOB TITLE:		1			
DEPARTMENT:					
Povnyes					
APPROPRIES	SEEXGELLENIE	AEGOODY?	BESATISFACTOR	ASSE 25FAIR	1=POOR
JOB KNOWLEDGE	V .				
WORK QUALITY					
ATTENDANCE/PUNCTUALITY					
INITIATIVE					
COMMUNICATION	I V				
DEPENDABILITY					
OVERALL RATING	l				
Mayse seminars.			AG	Si)	
	2		10.830,800	rsontods	
ANSTATO EROUMENES					
			DOVINISTE	) Quality and the second secon	

EMPLOYEE PERFORMANCE	E REVIEW			[BEVI	EW DATE:	
					e a a a a a a a a a a a a a a a a a a a	15/16
EMPLOYEE INFORMATION NO	ARTHUR METAL	<b>1999</b> (44)	Jankerynell M			
NAME: Martha	RIVera		DATE OF HIRE:		5106	) 
JOB TITLE: CNA /	RNA		Anu	2011	00	110
DEPARTMENT: NA	rsing		FIFIY	nual	10	14
James 2 - 1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   19	J					×
PAVINGS:	72273 5733					
REAL PROPERTY OF THE PARTY OF T				<b>建筑的现在分</b>		
APPROPRIATE	S=EXCELLENT/	4=GOOD	3=SATISFACTO	ORY SEE 22	FAIR	1=POOR
JOB KNOWLEDGE	X					
WORK QUALITY	X					
ATTENDANCE/PUNCTUALITY		X				
INITIATIVE	$-\chi$					
COMMUNICATION	X					
DEPENDABILITY	X					
OVERALL RATING		X	l			L
	Empreste SHE TAGE	because  alway  ways  job  IS ATV  TOWAY  TERET	PO WAR	LOW C ALBSIS	AMO ATO BE	MEMBER. HERS AND
PUUNOIT			SUPER	VISOR SIGNA	Orte	
**************************************			2,028083			•
				on	Mmos	
			market i ki			
ADMINITIONOR COMMENS						
	Allacet Treesta continue					
*** *** *** *** **********************		TO BE SEED OF THE SEED				
E-1	nit unte transmentance		ADMI	Mistrations	GNATURE #	
			17	180	1	
				~(		

	CE REVIEW			REVIEW DA	WE: alialli
EMPLOYEE INFORMATION AF					allolle
NAME: HOLICUM		SUN	DATE OF HIRE:		The state of the s
JOB TITLE:	122 Le XI				
DEPARTMENT:			İ	ata a yan wasan a mina	
INAMES.	Y		9 (5.30)		
EX-SYSTEM STATE OF THE STATE OF			I Commission of the Commission		
APPROPRIATE AND AND AND	SEEXIGERUE NEIS	SECOODS SE	drezvarevoro	HACKED SELVIN	POOR E
JOB KNOWLEDGE		VV			
WORK QUALITY		- V	ļ		
ATTENDANCE/PUNCTUALITY INITIATIVE		X .	V		
COMMUNICATION		V V	<u> </u>		
DEPENDABILITY		1			
OVERALL RATING	***************************************	1 ×			
			L		
ye rives complaints		*************			
WW					
			- Garage	Wayner?	
			p garaye	recover.	
			I Ada	soonia 12 Ian	n Bra
			J.d.	ggarin GAN	nBn.
			- Val	M.J.	nBn.
pewiga company.			J. J. J.	A.A.	nBn.
Follow Avection	llecu 21	. G00d	J. J. J.	BAN LEN 2. Eood	team work.
	us well	. 6100d	J. J. J.	A.A.	team work.
	New 2	. G1000d	J. J. J.	A.A.	team work.
	llacu 24	. 6100d	J. J. J.	A.A.	team work.
		. G <sub>1000</sub> d	pt care	Wha e. Good	
	NS Well	. G1000d	pt care	Wha e. Good	team work.
		. 6700d	pt care	Wha e. Good	
		· 6100d	pt care	Wha e. Good	
Lollon quertion		. G <sub>1000</sub> d	pt care	Wha e. Good	
		. 6100d	pt care	Wha e. Good	
Lollon quertion		. 6100d	pt care	Wha e. Good	
Lollon quertion		· 6100d	pt care	Wha e. Good	
Lollon quertion		. C1000d	pt care	Wha e. Good	
Lollon quertion		. Good	pt care	Wha e. Good	

EMPLOYEE PERFORMANC	E REVIEW			Language S		
				REVIEW DA	1-29	5-10
EMPLOYEEINFORMATION						Val. 3 in State
	Squer		DATE OF HIRE:	m		
DEPARTMENT: ONS	MUM		1			
DEPARTMENT: 1 101511	-0-		L			
DATES DE LA COMPANIE	STATE OF THE PARTY	S CONTRACTOR OF THE STATE OF TH	No service and the			SEED THE PROPERTY OF
RAVINGS	1.7					
ARPROPRIATE	SEEXCEULENT/	4=600D	3#SATISFACTO	Y 2=FAIR	1=PO	OR N
JOB KNOWLEDGE		4,				
WORK QUALITY		<b>_</b>				
ATTENDANCE/PUNCTUALITY				S-2000 SEC		
INITIATIVE		<b>√</b>				
COMMUNICATION						•••
DEPENDABILITY						
OVERALL RATING			Landinivania		L	
englones continuents	0	- A TOTAL TO				
S-CO-STATE S-COMMODIAN COMMODISM COM						
			100000			
		<del></del>		<u> </u>		
		· · · · · · · · · · · · · · · · · · ·				
			1846SEAG	WENT WIS COLUMN		
			EMPLOYE	reterration ,		WANTED TO SERVICE OF THE SERVICE OF
				Los Val	guess	
	····		10030	CUL 10		)
NETWORKS AND PROPERTY OF THE STATE OF THE ST					- Committee of the same	
ชิวสมเด็จสายเกมสาย						
Always helpher	others.	. fair	n tollow	sing div	ectons	
good patient &	ere.			U		
0 1						
	*	700	SUPERVIS	ORE(GNATORE		
			11	7	in the second second	
				Es-	-1/20-32-10-11-011-4-3	_
ONUNSTRATOR CONNERS						
			ADMINIS	ikAtorisignAtibi	(a	
41-144-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			ASMINIS	RATORISIGNATUR	i .	



EMPLOYEE PERFORMANC	E REVIEW			REVIEW DATE:	21.1.
NAME: AND CITY OF STREET O	r SNAJ		DATE OF HIRE:		3/1910
RATINGS  APPROPRIATE  JOB KNOWLEDGE  WORK QUALITY  ATTENDANCE/PUNCTUALITY  INITIATIVE  COMMUNICATION  DEPENDABILITY  OVERALL RATING	SS-EXCEULENTA	4=G00D	BESATISTACTORY	2-FAIR	1EPOOR
I Shouldive the walkies T	oot a his is t	"S" in Cotally w	evo o yara	ia). Iani	
				LUN	
\$9000057744003.0000010115			abanusir.		

EMPLOYEE PERFORMANC	E REVIEW		REVIEW DATE:	1 - 0 /
EMPLOYEE INFORMATION ***	Volume and the second s		Weview Date: Q	129/16
The state of the s	na Kamos	DATE OF HIRE:	6/29/15	
JOB TITLE: (NA	TO TOUTOS		The state of the s	
	BING	Annu	al 201	ا ما
	- W. W.	1 1111111111111111111111111111111111111		7
RATINGS:				
APPROPRIATE	5=EXCELLENT 4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE	H			
WORK QUALITY	5			
ATTENDANCE/PUNCTUALITY	5			
INITIATIVE				
COMMUNICATION				
DEPENDABILITY	14			
OVERALL RATING	L	3		
SUPERVISOR COMMENTS	which when he will he will have the will hav	- In	t to all allway and an assert to an assert to self to	excellent
and haro	eworber.	She supervisorsi	is on	excellent P
ADMINISTRATOR COMMENTS:				
		ADMINISTRATO	DR SIGNATURE	
<del></del>		12	P	

USCA Case #17-1191 Document #1708342 Filed: 12/11/2017 Page 137 of 250

	CE REVIEW				
		¥	N. 254 30 11 A 1 1 A 1 1 A 1 1 A 1 1 A 1 1 A 1 A	REVIEW DATE	117/16
EMPLOY CINEORMATION					kishdada ay daya
NAME: PFICE	Nielbo	h	DATE OF HIRE:		
JOB TITLE: CINA	×1				
DEPARTMENT: NUN	sing		L		
PROPERTY DESCRIPTION OF A PROPERTY OF THE PROP	The state of the s		A CONTRACTOR OF THE PARTY OF TH		CHARLE HE TERRANDON AND AND AND AND AND AND AND AND AND AN
RATINGS					
APPROPRIATE	Is a excellence of	4=(c(0,0)0) // · · ·	DESATISFACTORY	e [2≡6AIR	1≣POOR 27 € 50
JOB KNOWLEDGE		4	TOTAL VANDAGE VIEW OF THE PARTY	A STATE OF THE PARTY OF THE PAR	The state of the s
WORK QUALITY	5				
ATTENDANCE/PUNCTUALITY	5				
INITIATIVE	5				
COMMUNICATION	5				
DEPENDABILITY	5_1				
OVERALL RAYING	15	4			
excure companies			· · · · · · · · · · · · · · · · · · ·		
BARGAGE COMMENTS	l			VIII - 111	
					1
<del></del>	···		1230011000000	and the second s	Delige of Contract of the Cont
			\$7500,000	GUATUR"	
			Bi	- 10-	7
					-
		***			
				100	
gravisa companis	A 9.	rea+	Worker	Alwa	US willing
to halp +	A 9	reat w t	Worker	Alway Alway	Uls Willing
to hold t Lesidents	A 9	reat up t	WOIKER beliend	ANU his a directi	Ulas Willing
to hold t Acsidents + always	A 9 90 4 enjoy h	reat up t um. t	Wolker beyond ollows	ANU his a directi grow a	Ulties well in this
to hold t Residents + always Field keep	A 9 GO 4 LAJOY M WILLIAD	reat up t um. to to lo	Wolker beliond ollows		MIS WITTING WHIES WELL ONS WELL IN This
to hold t Rusidents + always Fueld: Keep	A 9 GO 1 ENJOY M WILLIAM UP 04	reat up t um. to to los he ga	Worker beliend eliows		us willing ons well n this
to help t Residents t always fuld: keep	A 9 GO 4 enjoy h willing up 04	reat up t um. to to loo he ga	Worker beliend allows arn + o	grow is	ons well n this
te help t Rusidents t always fuld keep	A 9 GO 1 enjoy h willing up 04	reat up t um to lea he ga	Worker beliend allows arn + o	grow is	ons well n this
to hold t Rusidents + always Fueld Keep	A 9 GO 1/ Enjoy h Willing Up 04	reat up t um. t to los he ga	Worker beliend allows arn + o	grow is	ons well n this
to hold t Residents t always fuld: keep	A 9 enjoy h willing up 04	reat up t um. t to lo	Worker beliend allows arn + o	grow i	ons well n this
to hold t Lesidents + always + eld: keep	A 9 90 4 enjoy h willing up 04	reat up t um. to to los he ga	Worker beliend allows arn + o	grow is	ons well n this
to hold t Lesidents t always fueld keep	A 9 enjoy h willing up 04	reat up t um. to to lo he ga	Worker beliend allows arn + o	grow is	ons well n this
to hold t pesidents t always fueld: keep	A 9 GO 4 enjoy h willing up 04	reat up t um. t to lo he go	Worker beliend allows arn + o	grow is	ons well n this
to hold t Residents t always Fuld: Keep	A 9 enjoy h willing up 04	reat up t um. to to lo	Worker beliend allows arn + o	grow is	ons well n this
to hold t Residents + always Fuld: Keep	A 9 enjoy h willing up 04	reat up t um. to to los he ga	Worker beliend allows arn + o	grow is	ons well n this
to hold t Lesidents t always fueld: keep	A 9 enjoy h willing up 04	reat up t um. t to lo he ga	Worker beliend allows arn + o	grow is	ons well n this
to hold t Residents t always Fullow Keep	A 9 GO 1 enjoy h willing up 0+	reat up t um. t to lo he go	Wolker belions allows are to	grow is	a ser
to hold t fusidents t always fuld: keep	A 9 enjoy h willing up 04	reat	Wolker belions allows are to	grow i	a ser

USCA Case #17-1191 Document #1708342 Filed: 12/11/2017 Page 138 of 250

EMPLOYEE PERFORMANO	CE REVIEW			REVIEW DATE:	·
EMPLOYEEANFORMACIONNA	ne santania		The state of the s		
NAME: KOY MOT	Sy P	mora	DATE OF HIRE:		
JOB TITLE:					
DEPARTMENT:			L		
					***************************************
RV(TI)(G)					
APPRODRUME	SHEXCELLENGS	4 GOOD/A	BESAUSPACIORY	25FAIRC Salve	1=POOR
JOB KNOWLEDGE			AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		
WORK QUALITY					
ATTENDANCE/PUNCTUALITY					
INITIATIVE					
COMMUNICATION					
DEPENDABILITY					
OVERALL RATING				1	
averavas comprants					
	l				
				<del></del>	
- <del> </del>				***	
			12222034030030000	various managements	The Mark of the Parks of the Pa
			THRONG SIGU	our services	
			-17.	17	
			100	5/6	
			5-2	/	4.5
of Sansking or on the sansking of the	10° 110° 110° 110° 110° 110° 110° 110°				
A CANADA					
			w		
			1920022020000	ankenedoments/Saba	Constant and the Constant
		*******	superiors and to	and a second	
				MIKI	Λ
				19/111	41
					V
DANNISTRATORI COMPTENES					
				U	
· · · · · · · · · · · · · · · · · · ·					
				arana managaran	
			Land Company of the C		
				a signAtOrite	
			$\square$ $\square$ $\square$ $\square$	2/6	772 2
30001 Taken 2711 - 100/2000		The state of the s		CJ(Y)	100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100

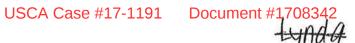
`~

# USCA Case #17-1191 Document #1708342 CARE CENTER Filed: 12/11/2017 Page 139 of 250

EMPLOYEE PERFORMANC	CE REVIEW			REVIEW DA	3/10/16	
EMPLOYET IN ERMANDON NAME: NAME: NO NAME OF THE COMPANY OF THE COM	Forten	piller	DATE OF HIRE:			
INVENGS MPROPILATE						
APPROPRIATE	SEEXGERRENIA	4=G0000¥	3ESATISFACI	ory. 18 2 FAIR	1=P00R4	
IOB KNOWLEDGE						
WORK QUALITY						
ATTENDANCE/PUNCTUALITY			A			
INITIATIVE			l			
COMMUNICATION	ļ					
DEPENDABILITY  OVERALL RATING						
#MENON ECONOMINA MARINES TERMINATION				meof		
			988	N90-		
MMStratels convisues of						
			SOM/A	CTRAY CRESCOVATO		

Document \*1708342 Filed: 12/11/2017 Page 140 of 250 USCA Case #17-1191

EMPLOYEE PERFORMAN	CE REVIEW				REVIEW DATE:	1, 21.
PAYO SAVESANDES SAVES SAVES		NGC AND PRODUCTION OF THE	enamento.			19/16
NAME: AUNCLO	r redu	earth and and	The Street Street	MARKET S	THE RESIDENCE OF THE PARTY OF T	
JOB TITLE:	N PENN		DATE OF H	IIKE:		
DEPARTMENT:		(	1			
			.l.			
RATINGS			NEW THE PARTY OF			Sign of the Control o
						Marie President
APPROPRIATE	5 EXCELLENT	4=GOOD	3=SATISE	ACTORY :	2=FAIR	1=POOR
JOB KNOWLEDGE		/				
WORK QUALITY						
ATTENDANCE/PUNCTUALITY		V				
INITIATIVE						
COMMUNICATION		V,				
DEPENDABILITY		V,				
OVERALL RATING		V	1			mw
explores educates			· · · · · · · · · · · · · · · · · · ·			
		***************************************				
-17						
		100 Marie 1	160	er en son er er bestele		TO CHATTER TO THE COLUMN AND ADDRESS OF THE
				DWE SOL		
				Hotelea	100	
				10.60	<del>yel</del>	
MEROES DESCRIPTION						
			****			
, ,						
			S	ไปต์ (V Go) ( Yie	Avoras	(Contract to the Contract to t
				$\Delta I$	Λ. Λ.	
				CVI	I RAVIDE	8/19/14
				<u> </u>	Omo	011.11.4
MINISTRACISCONMEUS						
				DAIINISTRATOR	SSIGNATURE	
				OXINISTRATOS	SIGNATURE STA	





CIVIPLOTE	E PERFORMANCE RE	VIEW		REVIEW DATE: \$104)/6
EMPLOYEES	NEORMATION			1 0/1/6
NAME:	Gomechita	Xariang	DATE OF HIRE:	
JOB TITLE: DEPARTMENT				
DEFARTIVIEN	<u> </u>		<u> </u>	
RATINES				
APPROPRIAT	(5 to )	(CELLENT) 41-GOOD	BESAUSPACIORY	2=FAIR 1=POOR
JOB KNOWLED		X		(2000)
WORK QUALIT	ry	X		
ATTENDANCE,	/PUNCTUALITY			
NITIATIVE		X		
COMMUNICAT		X	_	
DEPENDABILIT		X		
VERALL RATI	NG ]	776	I	<u> </u>
MB(e)(e)(e)	2000			
			Externy state	900/
			Fromely	uth Xaivong
			T/UVVUV	uti xaiwig
				U
dawkerreen.	Merris			
-nSX	mechitan as	vedittle vous	el with he	er a warkers
Muls	Wash Ct	wealthe vover	e self start	er annities
			Tenantono/materia	MAC MEANINE DE VINCINS DE LA COMPANSION DE
			SUPERVISORSION	
			$$ $\rightarrow \lambda k_{l}$	lindla
			- 1 (JX1) <sup>L</sup>	W 10e G
UNISTRATORIO	OMMENS:	**** THE WHITE WAR SHIP WAY		Company of the Compan
774,-1-11			***************************************	
			ADMINISTRATOR	onauge.
			ADMINISTRATION	SQVAQUID N

USCA Case #17-1191 Document #1708342 Filed: 12/11/2017 Page 143 of 250

EMPLOYEE PERFORMANC	E REVIEW			REVIEW DATE:	
JOB TITLE:	ivuntar KSING		DATE OF HIRE:	REVIEW DATE:	[21]](
APPROPRIATE  JOB KNOWLEDGE  WORK QUALITY  ATTENDANCE/PUNCTUALITY  INITIATIVE  COMMUNICATION	IS-EXCELLENTA	#=G000	3∉SAVISFACTORY	2=FAIR	1-Poor
DEPENDABILITY		/			
OVERALL RATING					
Jewson Mens	00		altu	0 11	antin
				MMOK	
DNINSTRAGE CONDUCTORS					
			MANINISTRATO	OSIGNATURES SILVA	

EMPLOYEE PERFORMAN	CE REVIEW				REVIEW DATE: P	11	
EMPLOYEEINFORMATIONAL					0	-16-16	No.
NAME: FILOS	Notarnic	V V	DATE OF HIRE:	VERNING.	Metallida wasanin		
JOB TITLE:	- VI GALLIC	11100	Date of time.				2411
DEPARTMENT:							
Circumpanian			-li				-
PAridgs			70.75				
APPROPRIATE	SEEXCHULENT	4≡G00D	8 SATISFACIO	ory	2=FAIR	1=POOR :	
JOB KNOWLEDGE	5					i i i i i i i i i i i i i i i i i i i	27.51
WORK QUALITY	5						-
ATTENDANCE/PUNCTUALITY	5						-
INITIATIVE		4					-
COMMUNICATION		4					-
DEPENDABILITY	5						
OVERALL RATING	28						
Medison Mension Library Librar	Elida If othe iff the She is s very Kn buf De	CS. SK	Elle e does Vn's w spectful ble in he work	la l	E a ha t hesif es sked be sesiden skills So rea Comm	sal worke	44
lida is a Pleaso	ice to w	OFK W	Sha				
			l solution	istration	SGNAURE		
				// \	HA	and the second second	22

EMPLOYEE PERFORMANC	EREVIEW			COMMUNICATE: 2	
PA SACORONIA CONTRACTOR DE CON	The Contract of the Contract of			REVIEW DATE:	11/16
EMPLOYEE INFORMATION AND		O ALLIA			a incheses et any electric
NAME: DIMA	<del>Uleas</del>	t cramine	DATE OF HIRE:		
JOB TITLE: CNA	<u></u>	I - II	4		
DEPARTMENT: NUTSIN	9		حصنت جناب ننجمتنانات	ar an	
MANAGE VINE VINE VINE VINE VINE VINE VINE VIN		-			P777 DV-9/7-10-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-
BARINGS					
APPROPRIATE :	SERVICE HENT	A≘iciolein:	A SERVICIO SE VETE O SE	D=BAIR	1=POOR
JOB KNOWLEDGE	5	0.5000	, sepansino de la compansiona della compansiona	HERE TO THE EAST NOT THE	ATT. SOIL NO.
WORK QUALITY	-5				
ATTENDANCE/PUNCTUALITY		4			
INITIATIVE		4	1		
COMMUNICATION		4			· · · · · · · · · · · · · · · · · · ·
DEPENDABILITY	Ę				
OVERALL RATING		9			
and texts and one of the			~~~		
thank you to	do belie	eve and	happy m	ry elval.	
I do believ	e T MG	red to	Irula (	conficle	ence
but I do like	what	was.	saed th	ank yo	4
W	*/************************************				
			EMPROVE SE	e((\703)	
	WOOD				Annual de
- USPANIA DE LOS DE LA CONTRACTOR DE LA	701 148		. Sina		V
				aguir	4
	Hos	d0 = d	Sina		7
311	Has a	100d -		aguir	kş well
with others.	Has a	900d -	Sina		7
311	Has a Rooms Areat	good s looi Know	Sina	aguir	kş well
with others.	Has Rooms Great Opmolete	good s lood Know ed. Try	eamwork Good.	aguir	kş well
with others.	Has a Rocus Great Opmpleti rely m	good s look know ed. Try anner	eamwork Good.	aguir	ks well ots clean 4 what, o complete
with others.	Rooms Great Ompleto	anner	eamwork Good.	aguir	ks well its clean 4 what,
with others, a tidy Has needs to be tasks in tin	Has a Rooms Great Omplet Lely m erforma	good s lood Know ed. Try anner	eamword Good Wage of Sylvy Needs to	Oguin Resider Work hard to build	ks well nts clean 4 what complete confidence
with others, a tidy Has needs to be tasks in tin	Rooms Great Ompleto	anner	eamwork Good Wage of Sylvy Needs to	Aguir Resider Work hard to build	ks well nts clean 4 what Complete Confidence
with others, a tidy Has needs to be tasks in tin	Rooms Great Ompleto	anner	eamwork Good Wage of Sylvy Needs to	Aguir Resider Work hard to build	ks well nts clean 4 what Complete Confidence
with others, 4 tidy Has peeds to be tasks in tin in her job p	Rooms Great Ompleto	anner	eamwork Good Wage of Sylvy Needs to	Oguin Resider Work hard to build	ks well nts clean 4 what Complete Confidence
with others, 4 tidy Has peeds to be tasks in tin in her job p	Rooms Great Ompleto	anner	eamwork Good Wage of Sylvy Needs to	Aguir Resider Work hard to build	ks well nts clean 4 what Complete Confidence
with others, 4 tidy Has peeds to be tasks in tin in her job p	Rooms Great Ompleto	anner	eamwork Good Wage of Sylvy Needs to	Aguir Resider Work hard to build	ks well nts clean 4 what Complete Confidence
with others, 4 tidy Has peeds to be tasks in tin in her job p	Rooms Great Ompleto	anner	eamwork Good Wage of Sylvy Needs to	Aguir Resider Work hard to build	ks well nts clean 4 what Complete Confidence
with others, 4 tidy Has peeds to be tasks in tin in her job p	Rooms Great Ompleto	anner	eamwork Good Wage of Sylvy Needs to	Aguir Resider Work hard to build	ks well nts clean 4 what Complete Confidence
with others, 4 tidy Has peeds to be tasks in tin in her job p	Rooms Great Ompleto	anner	eamwork Good Wage of Sylvy Needs to	Aguir Resider Work hard to build	ks well nts clean 4 what Complete Confidence
with others. 4 tidy Has peeds to be tasks in tin in her job p	Rooms Great Ompleto	anner	eamwork Good Wage of Sylvy Needs to	Aguir Resider Work hard to build	ks well nts clean 4 what Complete Confidence
a tidy Has needs to be tasks in tin	Rooms Great Ompleto	anner	Jeanword Good Vedge of Sylvy Needs to	Aguin Resider Work hard to build	ks well its clean 4 what Complete Confidence
with others, 4 tidy Has perds to be tasks in tin in her job p	Rooms Great Ompleto	anner	Jeanword Good Vedge of Sylvy Needs to	Aguir Resider Work hard to build	ks well its clean 4 what Complete Confidence

EMPLOYEE PERFORMANCE REVIEW		REVIEW DATE OF LITE 16
NAME: SAIDO SOLO  JOB TITLE: CAN PA  DEPARTMENT: NUSSING	DATE OF HIRE:	
APPROPRIATE  JOB KNOWLEDGE  WORK QUALITY  ATTENDANCE/PUNCTUALITY  INITIATIVE  COMMUNICATION  DEPENDABILITY  OVERALL RATING	EGOOD BESAMSFACIONYS	PEDAIR SALVES
My Work 100 feet when he good work	as put my win improve a	vill teep Up the
with residents to the good u	Dock work ex staff. Always ows direction	thics. Friendly willing thep
MINISTRATO S CONTRATOS A A A A A A A A A A A A A A A A A A A	- m	Illo AN
	ADMINISTRATI	2235GVA10181 2005GVA10181



EMPLOYEE PERFORMANC	E REVIEW					
					REVIEW DATE:	
EVRIOVECINEGRIMATION :						
NAME: POSEM	Qim 1	ROMOS	DATE OF HIS	RE:		A STATE OF THE PROPERTY OF THE PARTY OF THE
IOB TITLE:	1-30					
DEPARTMENT:	4	**************************************				
Rixancis						
		T T				
APPROPRIATE	SEEXCEPTENT	4 EGOOD SE	BESAVISEAG	CLORY	2≌FAIR	1-P00R
JOB KNOWLEDGE				w		1
WORK QUALITY						
ATTENDANCE/PUNCTUALITY		1				
NITIATIVE	V					V-5-2-5
COMMUNICATION						
DEPENDABILITY						
OVERALL RATING						
MERONESCONNESSO		110/11/1			MINITED TO THE TOTAL OF THE TAXABLE PARTY.	
The second secon	L	100000000000000000000000000000000000000				
	to cretes		she w		400 AK	when
she's 4-8 sh	0.7	s what	she is	doin	X to w	since light
and glovas. St	re repo		y chang	es in	res can	0
a prompt mann	r. She	always	ruponds	10 1	nursing y	romotly
whin noising	nuds	vital si	shs. 01	other	r data	regarding
·ċ,			EXIL	iona stem	TORY - SECTION	
			1	1 4	A) .	
			-	$\mathcal{N}$		
STEEL CONTRACTOR STREET						
TEMPS DEIGNINGUE						
				THOUSE THE STATE OF THE STATE O		
	(A. 1-1-1-11)					
				naje novy:	envis.	3. 10 TOWN TOWN
***************************************			18356	Constitution Constitution		
				200	se Oi	
5.000 - 1.000 - 1.000 - 1.000 - 1.000 - 1.000 - 1.000 - 1.000 - 1.000 - 1.000 - 1.000 - 1.000 - 1.000 - 1.000				1/		
ANSTRATES COMMENS	- Warmen Constitute					
MASS TO STREET THE PARTY OF THE						
**		·			And the state of t	-
			×			
			1858	RUSTRATEG	ngnaturi:	
			12333	7) 0	31 V	CHILD TO SERVICE STATE OF THE
				1	1/2	

**EMPLOYEE PERFORMANCE REVIEW** 

			REVIEW DATE:	8/10/16
<b>EMPLOYEEINFORMATION ME</b>			A REAL PROPERTY.	
NAME: CHUOTIN	a <del>Ilmos</del> Ilamas	DATE OF HIRE:		20000000
JOB TITLE:	liamas			
DEPARTMENT:				
RATINGS				
APPROPRIATE	S-EXCELLENT 4=GOOD	E-SATISFACTION/	DEFAIR	Бі=роер зажыма
JOB KNOWLEDGE	V		HTSAUGATION A	TO A STANDARD SHOWS
WORK QUALITY	- X			
ATTENDANCE/PUNCTUALITY				
INITIATIVE	T X			
COMMUNICATION	X			
DEPENDABILITY	X			
OVERALL RATING	I X			
avenvæsvarneres				
180120 CONTRACTOR CONT		×		
	MX WM. +	do wan Pol	2 hest	- LI MOIN
WE have 3	hk you, to	ind they just	one - o	n-one.
VOC MANG	1 EURIMOUTIC O	MA A		VIII.
		FNRGVY SIEVI	v7031	
		Moust	tura L	longe
	· · · · · · · · · · · · · · · · · · ·	I.V. VIXEL	al quality and a second	
Superus superus superus		81 NO		
Chaic	tion has stance	des aren -	Ckille	COOL TOUR
appl comme	ting has show nicution with others.	STILL COLD	100,000	K WALL
Sidell laille	Albare	STATT WING	VESTUAT	12. MOK 1-7
Wed Coltvi	UTHERES.			
<del></del>		Biographic States	ovorti	
				STATE OF THE PARTY
	····	- Ku	ulor	
estostica este esta esta esta esta esta esta est				
		Financia de processos de la composición del composición de la comp		
		ADMINISTRATOR	signamia 💮	
		- $PC$	20-	
		1/00	50	

USCA Case #17-1191 Document #1708342 Filed: 12/11/2017

EMPLOYEE PERFORMANC			REVIEW DATE: 8 10 16
NAME:		DATE OF HIRE:	
JOB KNOWLEDGE WORK QUALITY ATTENDANCE/PUNCTUALITY INITIATIVE COMMUNICATION DEPENDABILITY	X X X X	B≅SATISFA©JORY⊗	Z=FAIR I=POOR
OVERALL RATING	l X		
mayale hor distixs, shaws great	as a new Con Gets along w Communication w	mage	avent pride in a providents.
3 Mars Great	CONTAINING	arn Sian.	
			Out un
gondeniavera compleme			
		ADM (1) 510 Mg	DESIGNATURE STATE OF THE STATE

EMPLOYEE PERFORMAN	CE REVIEW			,	
EVID AVELOUS AVERAGE	Anna San San San San			REVIEW DATE:	3/10/18
NAME: CLYPH			CANADA AND AND A	<b>2004年</b>	
NAME: CUNH	110 1110	ntejono	DATE OF HIRE:		
DEPARTMENT:			-		
DEPARTMENT:			1		
PATINGS		et a la company			
APPROPRIATE	S-EVGENIENS		E-same a		al the grounder
JOB KNOWLEDGE	1911 COLLECTION	J-3000	3=SATISFACTORY	FERRIS.	1=POOR
WORK QUALITY	<del> </del>	1	·		
ATTENDANCE/PUNCTUALITY					
INITIATIVE		1			
COMMUNICATION					
DEPENDABILITY					
OVERALL RATING					
EMPLOYEE COMMENTS	r				
TO THE PROPERTY OF THE PARTY OF					
	teo dinamento de la compansión de la compa				
		150	EMPLOYE ISIG	VATURE	
				property of the state of the st	2 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
				unaj	mortgo
			<u> </u>		
Denyison comments		<del></del>	·		
CHARLES CONTRACTOR SERVICES CONTRACTOR		W	·		
			· · · · · · · · · · · · · · · · · · ·		
				MATERIAL STATE OF STA	
	<del></del>		SOKEROSOKISI	MALUNCASSESSION	and the second second
			NSa	~	
AINISTRATIOR COMPLETIES					
MARKATORS COMMENTALISM					
The state of the s			I. colonizarona		
			ADMINISTRATO	HAIGNATURE SEE	
			- $1/2$		

USCA Case #17-1191 Document #1708342 Filed: 12/11/2017 Page 151 of 250

	E REVIEW		REVIEW DAY	(E. 401110
EMPLOYEEINEGRMATION IN NAME: JCNNT-CL JOB TITLE: DEPARTMENT:	DAICH CHA NASIC	DATE OF HI	RE:	9[21]]@
ACINGS.		)		
APPROPRIATE	SEEXCELLENT/ 4=G0	OD BESATISEA	TORY 2=FAIR	al aparts say
OB KNOWLEDGE			SECTION SECTIO	A LOOK BY
VORK QUALITY				
ATTENDANCE/PUNCTUALITY				
NITIATIVE		/		
OMMUNICATION		/		
EPENDABILITY				
VERALL RATING			L	
W.Concorning in			ennifer Den	
NSTRATE INCOVATION		SIPE	vysori ignatorius ()	

EMPLOYEE PERFORMANCE	E REVIEW				
· martine				REVIEW DATE	819116
EMPLOYE CINESRMATION					
NAME: BULTONY	kill _	homs	DATE OF HIRE:		
JOB TIYLE:	7				
DEPARTMENT:			1		
RATINGS		West Constitution		Manager and the last of	75 1-200 - V.N.(#127-2-4-13)
	100				
APPROPRIATE	EXCEUEND	4≅ <b>6</b> 0000	y besyAtistracio	ryas Þ⊨bar	LEPOOR SAN
JOB KNOWLEDGE	330000000000000000000000000000000000000		THE SECOND SECOND SECOND	30 G 90 K 9	
WORK QUALITY		1	<del></del>		
ATTENDANCE/PUNCTUALITY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
INITIATIVE					
COMMUNICATION		· .			
DEPENDABILITY					
OVERALL RATING					
ME UNUSCOMMENTS		-			
			×		
			***************************************		
	T-10			*	
			and cove	Statevaca	
			h	1- 1	2 ^
			In	12 1	
		(C-7-)10-(W.D-0C-)	1,02		
Paul Para Completina			······································		
N-TO PORTO IN IN ENTRE OF THE REAL PROPERTY.					
		100000-100			
		111-47-			
			STREET	n Cara Voya	
		(Annual Control of Con	1000000		2009/2010/2016/2017
			17	1-w	J
				<u> </u>	
anns devices continued a 7					
	***************************************				
·····					
	**************************************				
			wednestoscusses	construction of the contract o	
			ADMINISTI	AlonelaitAtha	
					100

	CE REVIEW			REVIEW DATE:	
MRIOYEE INFORMATION?					
NAME: CO	dm 30	P.	DATE OF HIRE:	None Personal Company of the Company	A CONTRACTOR OF THE PARTY OF TH
OB TITLE:	1	~			
EPARTMENT:	·				
X-1-1-1					
Arines					
PPROPRUATE	Isaexeenusine	Инсоры ж	Lesausaaciony	I2≡EAIR	1≐POGR
B KNOWLEDGE		a desired processions as		Medical Property of the Control of t	1 A 200 A
ORK QUALITY		1 x	1 349		
TENDANCE/PUNCTUALITY			1		
ITIATIVE		X	VA7		
PMMUNICATION	1	<del> </del>	1 1		
PENDABILITY	1	1	1 40		
/ERALL RATING	1		1 0		
Needs to	WORKS mprive a	well w	ith Stuff	and Jesi	dents
			JUNO	pla Ga	lvan
NS/PAISIBEOM/VEARS			SUPPRIOSOR JUNO	A Martin A. H. of Royal Control of the Print Street, and the S	CHECKER BOOK AND
NEXTRATE BEOM/WEITE			JUA JUA O	pla 6a	CHECKER BOOK AND

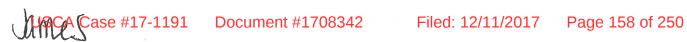
USCA Case #17-1191 Document #1708342 Filed: 12/11/2017 Page 154 of 250

EMPLOYEE PERFORMANO	E REVIEW				
				REVIEW DATE:	11111
EMPLOYEEINFORMATION **	LA SUBSTANCE VIEW	MARKET STATES	MANAGEMENT OF THE PARTY OF THE		1114
NAME: JUDY V	Marrea	030000000000000000000000000000000000000	DATE OF HIRE:		(1995年)
JOB TITLE: ORNA	HIMITICEL		. (4)	9/1/12	<u> </u>
DEPARTMENT:	ISINA	THE	Annual	20110	
	911-16		MINIM	2010	
RATINGS	STATE OF THE PARTY		ZIII CON INTERNATIONALIAN INTERNATIONALIA	THE COURSE HARDY SEED	
自分的技术的重要的重要的					
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISEACTORY	12=FAIR	1=POOR
JOB KNOWLEDGE					THE RESERVE OF THE PARTY OF THE
WORK QUALITY	V				
ATTENDANCE/PUNCTUALITY	V				
INITIATIVE	V			1	
COMMUNICATION				1	
DEPENDABILITY				1	
OVERALL RATING	V			T	
SURPLIVISOR CONTVIETES			EMPROYEE SIGN	viore rdyl	
			SUPERVISOR (G	VATORE.	
			- Ven Va	Mun	
DMINISTRATOR COMMENTS O					
Committee Commit					
			-		
			ADMINISTRATOR	SIGNATURE	
· · · · · · · · · · · · · · · · · · ·			1/5	20	

EMPLOYEE PERFORMANCE	CE REVIEW				
				REVIEW DATE:	0.001
EMPROYER INFORMATION:	ENGLISHED AND MARKET	and the service of the service of		01	93116
NAME: BOOK	W 1111		THE REAL PROPERTY AND PERSONS ASSESSED.	I EN L'EMPERATION DE L'ANNE	CONTRACTOR SERVICES
JOB TITLE: (BEATELT	2) CNA	3	DATE OF HIRE:		
DEPARTMENT:	L) CIVA				
in community			<del></del>		
AND AND THE PARTY OF THE PARTY	NAME OF THE OWNER.	ESOVERNIE AUTORIO	Was not a series and a series	and out of the state of the sta	
R.Villigs					
APPROPRIATE	Is a xear rays.	dacolon "	Les Aris Pacifony	lo-gar	Majore Post A Avenue
JOB KNOWLEDGE				Principal Andreas	
WORK QUALITY					
ATTENDANCE/PUNCTUALITY					
INITIATIVE					
COMMUNICATION					
DEPENDABILITY					
OVERALL RATING					
O T T T T T T T T T T T T T T T T T T T			L	1,	
LACIONE LOSSINIESTOS					
		Y-11-77-11-77	7	<del></del>	11-
		***			
			nny.c.nva.cesi		
			1952334104535555		
			Expansistant	mu.	
			D .		00
			Death	ij Bett	i VV Involes 1
				9	8 177
disposit or or pushis					- 0 8
so access of a contract the second					
- 1900					
The Arcamentalist					
133,1151					
	XI.		SUPERVISOR NON	mile to	
					The state of the s
				DIMOS	1
				10	
MINISTRATOR COMMERTIC					
		AND ALL STREET	7		
					\$1. <sub>1</sub>
~					
			The second secon	(Page 1	10-11-11
			annipistication	SIGNATURE	
				7	1

EMPLOYEE PERFORMANC	CE REVIEW			REVIEW DAYE:	8/19/14
JOB TITLE: COA	rega Sing		DATE OF HIRE:	A (Sumple of Control of Units)	
IVATINGS APPROPRIATE  JOB KNOWLEDGE  WORK QUALITY  ATTENDANCE/PUNCTUALITY  INITIATIVE	[3FEXGERTENIX]	414G00000000000000000000000000000000000	B-SATISFACTOR)	7.5. 2#FAIR	T=BOOK ***
COMMUNICATION					
DEPENDABILITY OVERALL RATING	-				
SUSSINGUINALIS				SIGNATURE	
DMINISTRATOR COMMISSIFE				6 GUL	8/19/14
			No Ministry	ATOM SIGNATURES	

EMPLOYEE PERFORMANC	E REVIEW				
				REVIEW DATE:	I Ou Tu
EMPLOYEE INFORMATION IN		one south out the state of			1121/14
The state of the s	aus		MEAN REPORT	<b>公司在公司共2000年</b>	<b>2006年1月1日</b>
NAME: AND ROS	arco		DATE OF HIRE:		
	MA				
DEPARTMENT:					
terno-i	J				
RATINGS		and the second			AND DESCRIPTION OF THE
Nagana a	Part version				<b>经基础处理</b>
APPROPRIATE	SELVE CLEINITA	#=GOOD TEAC	3=SATISFAGIORY	2=FAIR	1=POOR
JOR KNOMFEDGE	V				
WORK QUALITY	V				
ATTENDANCE/PUNCTUALITY	_ V				
INITIATIVE	1/1				
COMMUNICATION	1)				
DEPENDABILITY	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>				
OVERALL RATING					
AND THE RESIDENCE OF THE PARTY					
a Vigite X a 2 a 5 Li Li Villa Viete 2					
(10000000000000000000000000000000000000					
				NATURY	AND THE RESIDENCE OF THE PARTY
			EMPROPERSIG	ORIDKE DE DE CENTRE	
			- hadi	la sout	
			Man	TOUT	
Sulvervisor a consistencia			***************************************		
);					
		***************************************			
				<del></del>	
the state of the s					
			receive and the second	One was a Valle to the value of	
				GRI VOJILI	
			110	Dann	/
			(lenal)	Jann	
MANAGEMENT PRODUCTION OF THE P			- QUARACE		
DMUNEYRATOR COMMENTS					
1001					
			*****************		
				The state of the s	
			100000000000	e managaran	Websell Control
			POMUNISTRAT	of signature -	
				(D)	
				Y	



EMPLOYEE PERFORMANC	E REVIEW				
No.				REVIEW DATE: -	7/30/16
EMPLOYEE INFORMATION 11			Carrier Average		A Section of the Control of the Cont
NAME: CECSIC JOB TITLE: CN	Lapla		DATE OF HIRE:	7/30/12	<del>-</del>
DEPARTMENT:	<u>r</u>		Annual	2016	
DEPARTMENT:			THINKLI	delle	
RATINGS:	Mario Sea Tenero	STEEN COLUMN TO THE STATE OF TH			CONTRACTOR OF THE PARTY OF THE
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2≡FAIR	1=POOR
JOB KNOWLEDGE	1				
WORK QUALITY					
ATTENDANCE/PUNCTUALITY	//				
INITIATIVE	//		-		
COMMUNICATION	1		ļ		
DEPENDABILITY	\ <u>\</u>				
OVERALL RATING	L	L	<del></del>		
EMPLOYCE COMMENTS &					
She is all	Hi				
12112 12 2114	V.V				
***************************************					
30500					
			EMPROYEE SIG	NATURE :	
	7,000		100	11 (	
			1/1/2	Wil	′ )
SUPERVISOR COMMENTS	·	~			
She is always	con trin	e Sha	LYNKK house	l and wa	1. 0.00
She is always She has great	and leave	20 1 1516	Sha Church	Las o	1000 Profession
atitude.	THE TOO	n uxxx.	The amount	5 1105 01	POSITIVE
MAINTOCK .					
			I STATE OF THE PARTY OF THE PAR	AGNATUR:	
			SOFTERSON		
				1-U	$\mathcal{W}$
ADMINISTRATION COMMENTS					
				HII 30 73	
			ADMINISTRA	TOR SIGNATURE	
				A -	
				-	

EMPLOYEE PE	RFORMANCE	REVIEW			REVIEW DATE:	
EMPLOYEEINE	PANATUON NASON	Carried Sales House, Marie	Sinch David Color			2/10/16
NAME:	Celesta	10 <sub>1</sub> p	PROMESTICATION	DATE OF HIRE:	<b>并是长进身发研究的数据的</b>	Handle States and the States of the States o
JOB TITLE:	CANOSIO	104	100	DATE OF RIKE:		
DEPARTMENT:	3021-3111-311			ł		
MARNES			2011 327 327 32	VIN THE TAXABLE		
APPROPRIATE	57	EXCEPTENT	4 GOOD	8=SATISFACTOR	7668 2≒FAIR	1-POOR
JOB KNOWLEDGE		<b>√</b>				1
WORK QUALITY						
ATTENDANCE/PUN	ICTUALITY					
INITIATIVE		√,				
COMMUNICATION		V				
DEPENDABILITY		1				
OVERALL RATING						
dgawesan sayıkle in				- U	HE	
She is a well. Sho Positive	Vependal 2 15 a athtwae	ole ho team	urd wo player	rking. S. C. Ske o	he Comb Ilways h	municates has a
				uji/Akysol	R SIGNATURE	
ири <mark>я ваче</mark> в сомун	Nis.					
					W HIMMIE WAS	
	2001					
			-			
				*		
				THE PROPERTY OF	Ciero seguituras	
				PHOTOGRAPHICAL PROPERTY OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED IN COLUM	NOR SIGNATURE	THE REAL PROPERTY.
				- /		

# vennica

<b>EMPLOYEE PERFORMAN</b>	CE REVIEW				
				REVIEW DATE:	121/11/0
<b>EMPLOYEE INFORMATION</b>		NO THE WAY	SWEET STREET COLORES	CAST STATE OF CHILD	12110
NAME: WING	alaana	or all supplies and a letter in	DATE OF HIRE:	HIP HAT COLON COLON	WASHINGTON TO THE WASHINGTON
JOB TITLE:	cna	***************************************	DATE OF TIME.		
DEPARTMENT:	WISING				
	7				
BATHES T	South Association				20 September 1997 Company of the same
APPROPRIATE	SEEXCELLENT	4=GOOD #2	3#SATISFACTORY #	2=FAIR	1-POOR
JOB KNOWLEDGE	V				
WORK QUALITY	VA				
ATTENDANCE/PUNCTUALITY	1				
INITIATIVE	1				
COMMUNICATION	1				
DEPENDABILITY					
OVERALL RATING	J				
EAPLEYEE CONTYECTS	r				
100 100 100 100 100 100 100 100 100 100					
A STATE OF THE PARTY OF THE PAR					
			P((989))=,(3(G)	ATORE	
			m	_	
adagyisan contractis					
DUSANSE FEDALMISTIS					
					1
	12.3		SUPERLYSORISE	RAYORI	
			1/1	UM	N
			Veur	UNTI	/ I
MINERPARENCEMPER					
	divide a second				
			T-10-10-10-10-10-10-10-10-10-10-10-10-10-	***************************************	
//L= = <del>2</del>					
			AND THE STATE OF	Seguina de	TO A STATE OF THE
			The state of the s	SIGNATURE S	
	····		1/2	11	



EMPLOYEE PERFORMANC	E REVIEW			7.		
				REVIEW DATE:	21/10	7
EMPEGYEENEORMATION				<b>建筑和煤煤水</b>	<b>建筑建设。</b>	
NAME: SOUL KILL	gu		DATE OF HIRE:			]
DEPARTMENT:	1001	***************************************	1			
TIME	SII ILA		L			
RAMMES					Wife the property of the second	-
APPROPRIATE A STATE OF THE STAT	S=EXCELLENT	4=GOOD	3=SATISEAGTORY	2=FAIR	1=POOR A W	5
JOB KNOWLEDGE	V				The state of the s	
WORK QUALITY	-V					7
ATTENDANCE/PUNCTUALITY	V					]
COMMUNICATION	-V/					
DEPENDABILITY				-		
OVERALL RATING						
SUPERMISE RECORDINGS			- My		E	123/16
			SUFFIGUSORS (GT)	evone Omm	1)	
MAUNSTRATOR CONGRESS	- W	······································	Journal	Or FOIT	/	] 1
				***************************************		
			Para de constante de la consta			
			ADMINISTRATORY	AGNATURE 1		
			- / /	TO		

USCA Case #17-1191 Document #1708342 hilda

Filed: 12/11/2017 Page 162 of 250

EMPLOYEE PERFORMANC	E REVIEW		REVIEW DATE: /	Talli
EMPLOYEE ANHORMATION MARE RAYMON JOB TITLE: CN DEPARTMENT: NUTSIN	d Zamora A	date of Hire:	6/3/14	e/3/16 Le
RATINGS  APPROPRIATE  JOB KNOWLEDGE  WORK QUALITY  ATTENDANCE/PUNCTUALITY INITIATIVE  COMMUNICATION DEPENDABILITY	5=EXCELLENT 4=GOOD	3=SATISFACTORY	2≒FAIR	1=POOR
OVERALL RATING	5			
EMPLOYEECOMMENTS #338.58  / Still World Hing West	01.0	learn more 100 clo in Employeesia	what I do	
Don't won the very the slems (willing the Janes)	le à laymon lew days her lite de har to do his job pendable w	d too me t I've wor dworld well for her asle	tied of the red to do	CONTRACTOR SCHOOL SERVICE
ADMINISTRATOR COMMENTS		ao Aunistra	TORESIGNATURE	
				Anta-sa-a

USCA Case #17-1191 Document #1708342 Filed: 12/11/2017 Page 163 of 250

EWIPLOYEE PERFORMANI	LE REVIEW			,		
Yes and the second				REVIEW	DATE:	21/10
EMRIOYEEINEORMATION	CANCEL PROPERTY.	Manager 1			YEAR WEST	ACTURATION OF THE PROPERTY OF
NAME: DOSCITO	HOWER	permitted and the second	DATE OF HIRE: {	9-07	-07	CONTRACTOR OF STREET,
JOB TITLE:						
DEPARTMENT:	MANA					
BARINGS	SEASONISE (COMPROSE)		Vacanta Kunzana da kanza	A PER A SECURITARIO		What Meaning
APPROPRIATE	SEEXCEMENTAL	4 <b>c</b> (0)0)0	La SATUS PARTOR	v bea	(c) (d) (d) (d)	L-POOD
JOB KNOWLEDGE		March Workship and March		American Section	Allegar Residen	またののは多数が
WORK QUALITY						
ATTENDANCE/PUNCTUALITY						
INITIATIVE						
COMMUNICATION						
DEPENDABILITY						
OVERALL RATING						
politicas voluments						
The state of the s					1 1	
I love m	Lyon h	ere. +	love in	y resu	dent,	coworker ly best
and residents	tainely.	L 1421	1 continu	ie to i	out is	ly most
Foot focusard	and cont	ine to .	work hav	d.	K.	1
					7.00	
30000						
			FMPTOVE	eravivina?		
	750 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 -		(5)(4(0))(4)	SIGNATUR:		
			EMEXOVEE	SIGNATURI	2	4
		1 200 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EMEROYES	mir Mir	2	in.
			éMexo)es	sionaria Grafi	1 24 1 24	'ar
svasavisa gammariis		VIII.	6MEROYEE	souvina Mair	7	in.
Masavisa as an interior	wall w			lpri:	Cinno	ZL'
Communicates	صررا س	ithe gh	28F. Lev	mie	C. The	know
of Changes i	a reside	ut stud	28F. [c)	mie	ula- W	
Communicates	a reside	ut stud	28F. [c)	mie	ula- W	
of Changes i	a reside	ut stud	28F. [c)	mie	ula- W	
of Changes i	a reside	ut stud	off. Let	s no a tim	Tenm	blaster.
of Changes i	a reside	ut stud	294. LCI 25 32 COMPI 43	os you	renm	player.
of Changes i	a reside	ut stud	294. LCI 25 32 COMPI 43	os you	renm	player.
of Changes i	a reside	ut stud	294. LCI 25 32 COMPI 43	s no a tim	renm	player.
Communicates of Changes it Helps other	a reside	ut stud	294. LCI 25 32 COMPI 43	os you	renm	player.
Communicates of Changes it Helps other	a reside	ut stud	294. LCI 25 32 COMPI 43	os you	renm	player.
Communicates of Changes it Helps other	a reside	ut stud	294. LCI 25 32 COMPI 43	os you	renm	player.
Communicates of Changes it Helps other	a reside	ut stud	294. LCI 25 32 COMPI 43	os you	renm	player.
of Changes i	a reside	ut stud	294. LCI 25 32 COMPI 43	os you	renm	player.
Communicates of Changes it Helps other	a reside	ut stud	294. LCI 25 32 COMPI 43	os you	renm	player.
Communicates of Changes it Helps other	a reside	ut stud	294. LCI 25 32 COMPI 43	os you	renm	player.
Communicates of Changes it Helps other	a reside	ut stud	294. LCI 2000 pri di in	on time	Tenm Clar	where.
Communicates of Changes it Helps other	a reside	ut stud	294. LCI 2000 pri di in	os you	Tenm Clar	where.
Communicates of Changes it Helps other	a reside	ut stud	294. LCI 2000 pri di in	on time	Tenm Clar	where.

EMPLOTEE PERFORMANC	E REVIEW		REVIEW DATE: 01	
NAME: LYCY JOB TITLE: DEPARTMENT:	Hemandy	DATE OF HIRE:	REVIEW DATE: 3/0	) <b>(</b>
RATENCES  APPROPRIATE  JOB KNOWLEDGE  WORK QUALITY  ATTENDANCE/PUNCTUALITY INITIATIVE  COMMUNICATION  DEPENDABILITY  OVERALL RATING  THANK YOU.			room A	1=POOR  Symptomen
NINSTRANGUEON SISTEN			ATURE	trypus

### EMPLOYEE DERECRIMANCE DEVICE

CALL FOLLE PERFORMAN	CEREVIEW			REVIEW DATE:	
EMEGGYET INFORMATION	and the contract of the contra	EA STANDARD CONTRACTOR			V 5-73 CC 45-1
NAME: MICHES	1 Dutiz	<b>在</b> 學學所有的		Historia Albania	<b>经验证据的证据</b>
JOB TITLE:	1 Units		DATE OF HIRE:		
DEPARTMENT:					
MATERIAL STATES					
Appropriate					
		4 GOOD : 4 6 9	B=SATISFACTORY ()	2≅FAIRING Y	1 POOR : SAN
JOB KNOWLEDGE	***				
WORK QUALITY	-5				
ATTENDANCE/PUNCTUALITY INITIATIVE					
COMMUNICATION		U			
DEPENDABILITY	5	- <del>Y</del>			
OVERALL RATING	5				
				I	
EMPLOYER COMPLETES					
		~			
			ENGRAVE PROVI	OT STATE	
			- Trucy	/, -	
			1940	15	
desives remineries					1
				- war	1
			/	10000	
		377701-16		Lawrence De La Contraction de	
	71		MAIN NO SIGN	voru.	
			17\\		The second second
			- 1 U X .	0	- 1
				12	
MONSTRATOR COMPLENIS					
			Too a second second		SACATOR CONTRACTOR
			SOLUNISTRATORS	IGNATURE MANAGEMENT	
			- // ?		
				4/	

# uproning C

### WESTGATE GARDENS CARE CENTER

**EMPLOYEE PERFORMANCE REVIEW** REVIEW DATE: EVINOVE DESIGNATION AND SECURISION OF THE OWNERS. Nancy Alcaras NAME: DATE OF HIRE: JOB TITLE: DEPARTMENT: RATINGS APPROPRIATE 1 SHEXGELLENIT 4150000 1 SHSATISFACTORY 2 DAIR 1 THOOR 3 APP JOB KNOWLEDGE WORK QUALITY ATTENDANCE/PUNCTUALITY INITIATIVE COMMUNICATION DEPENDABILITY OVERALL RATING explore explorations communicating with Always lets norsing know promptly it says "that's not my patient initiatish and assit yes รปุรสมบริการสภาพสหรัส Burafiliyison yeru yarus Mencin IDMINES TRAIGRECOMMENTS!

EMPLOYEE PERFORMANCE REVIEW REVIEW DATE: 8/10/10 USCA (FARTONE INFORMATION DICE, SHIPPING A LESSON OF CORTNEY NAME: DATE OF HIRE: JOB TITLE: CNA DEPARTMENT: RATINGS APPROPRIATE SEXCELLENT 4 GOOD 3 SATISFACTORY 2 FAIR 1 POOR 11 AND JOB KNOWLEDGE WORK QUALITY ATTENDANCE/PUNCTUALITY INITIATIVE COMMUNICATION DEPENDABILITY OVERALL RATING exprovation gyrams crate all the help and support from the Christian wan linda, rosa etc el with the evaluation and look from agree look toward learning onc MULLICHON AND COME STONATURE agreat team, player you take bad altuations and turn them into gold ones. your a very hard worker and you take your top periously

ADMINISTRATOR CONTRACTOR

DOLUMETERATO ESTORATURO

EMPLOYEE PERFORMAN	CE REVIEW						
	The state of the s			REVIEW	DATE: -2016	116	
EMPLOYEE INFORMATION A	STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		NAME OF BRIDE		distribution of	Record acceptance	AND PARTY.
NAME: BOLLY	Truj il	p	DATE OF HIRE:			The second	de Sanda State
JOB TITLE:	J						-
DEPARTMENT:							
RATIOS.							
APPROPRIATE	SEEXCELLENIL	4=6000074	SESATISHACTOR	N  2⊜πΑ	R	t-Polon /	A Kulti
SON MILOSALCOGE	1						
WORK QUALITY							
ATTENDANCE/PUNCTUALITY	V.						
INITIATIVE	1						
COMMUNICATION	V,						
DEPENDABILITY	V,						
OVERALL RATING							
AND OF SECTION AND ASSESSED.							
			Digariti.	steptytus)			77.74
			Rai	they to	Sim I	200	
She Works well the communicate 13 always on	1 With 5 Well, time.	Others Olways	. She is Offers	very to n	deper	0	he
			Supringeo	PS GWAYDRE	N		
Minne savior comments							
	****			Violastejakyni			
			ADMINISTRE	TA			

ENTORONE PONTO CONTROL OF THE			REVIEW DATE:
EMICLE CENTRESHMATION	Control of the State of the Sta		SASTER STATE OF THE SASTER
EMPROYEE INFORMATION AS NAME: UNDO NAME:	Bantino	DATE OF HIRE:	
JOB TITLE:			
DEPARTMENT:			
(Annas			
			<b>经股份基本公司</b>
APPROPRIATE STATES SEEDING 5.	EXCELLENT: 4=GOOD :	3=SATISFACTORY	PEFAIR 1-POOR
OB KNOWLEDGE	X		
VORK QUALITY	X		
TTENDANCE/PUNCTUALITY			
ITIATIVE	X		
OMMUNICATION	X		
EPENDABILITY	X		
VERALL RATING	X		
Dieves volvinismes			
		20.000	The state of the s
			THE STATE OF THE S
		phyceye, 8th	CODE:
		11/	10
		Halai	de Balento
		Habre	ele Baseret
indexe rearrigation		Jahre	ela Baswit
ENDLESTEDMINETIS	ο (ο (οναι. <del>θ</del>	Jahre On class	ele Baserito
She is chill	s a great	attitule abox	ele Baserito
She is always	s a great	attitule also	at her goto, asked of her,
She is always	s a great s willing to	attitule abar do what is	at her solo, asked of her.
She is always	s a great s willing to	attitule aba do what is	ele Balevito  at her job, asked of her,
She is alway	s a great s willing to	lan-Antivo i	.V.00.0
She is always	s a great s willing to	lan-Antivo i	N. Or B
She is alway	s a great s willing to	lan-Antivo i	N. Or B
She is alway	s a great s willing to	lan-Antivo i	ENAVORE LO
She is alway	s a great s willing to	lan-Antivo i	.V.00.0
She is alway	s a great s willing to	lan-Antivo i	NVD00
She is alway	s a great s willing to	lan-Antivo i	eVivano.
She is alway	s a great s willing to	lan-Antivo i	NVD00
She is alway	s a great s willing to	lan-Antivo i	.V.00.0
She is alway	s a great s willing to	lan-Antivo i	N. Or B
She is alway	s a great s willing to	SUPERVISORS IN	.V.00.0

EMPLOYEE PERFORMANO	CE REVIEW					
				REVIEW DATE	8/10/16	
<b>EMREQUEENEORMATION</b>	A HOUSE SHOW	Series Avelore				All the way was a
NAME: 0285100		160	DATE OF HIRE	MANAGEMENT AND AND	AND REAL PROPERTY OF THE PARTY	Maria Maria
JOB TITLE:	- CONSTRI	him	DATE OF RIKE			
DEPARTMENT:		<u> </u>	-			
Revines	STATE OF THE STATE	A PROPERTY OF THE PARTY OF THE				
APPROPRIATE - 1	5=EXCELLENT	4=G00D	IB⊫saristaci	ory 25 Pair	1-200P	717 A. Della Control
JOB KNOWLEDGE		l V	574 Tan 100 Tan 100 Care	Salara de la constanta de la c	A 14 20 10 11	B A LO SE
WORK QUALITY		Ý				
ATTENDANCE/PUNCTUALITY		<b>-</b>				
INITIATIVE	X				<del></del>	
COMMUNICATION	^_	Y				
DEPENDABILITY		10				
OVERALL RATING		<b>*</b>				
		<u> </u>				
EMPLOYER CHAMBERT						
Thank you.	Cun ha	pas 3	3 CARCL	Ser the	mtnuit	
Mean alot.	IN X	de last	+ Cluck	POI TIME	ariani	edgement
THE CAST.			WITH AND TO SERVICE OF THE SERVICE O			
	100-11-11-11					
TOTAL MAINTENANT AND ADDRESS OF THE PARTY OF		****	Paris			
the second secon	Silver Fillips		ENERO	TELESCONORIES		
			_	173		
				EXIX		_
					VK -	
Manter continue					19	
Jessic	a has	Shaar	7 avent	le wersh	io in heu	
			of mem			-
A					The state of the s	4
		nicution		residents of	and Stuff	
(me lery y	DOW. Shu	nor moi	lity and	Knuded	ge at (do.	
					3	
			SUPERS	JSORSIGNATURE,		
		-		Kenlo		
				Musil V		
DMINISTEANOR CONTRIENTS						
			labour.	STUA'OR STONATURE		AN EN SU
			Estations	100		4425
	*************		/	511		
			L			

	WESTGATE	GARDENS CA	ARE CENTER				
EMPLOYEE PERFORMAN	CE REVIEW			REVIEW	DATE: É	11 11	
EMPLOYEE INFORMATION A		a wind Name of Street	ATTHE DISCHARGE SHITE		0	16-16	,
NAME: Stephenic	Jumpa	Marine Marine Comment	DATE OF HIPS		AND DECEMBE	The Market	<b>明</b>
JOB TITLE:	· who		DATE OF HIRE:				
DEPARTMENT:							
				777-777-1			-
RATINGS							
APPROPRIATE	SEEXCEBLENED	4#G00B	3=SATISFACTO	RY 2=FA	R	1=POOR	
JOB KNOWLEDGE	5			1	Biological Control	The state of the s	(distributes
WORK QUALITY	5						
ATTENDANCE/PUNCTUALITY	5						
INITIATIVE	5 5						
COMMUNICATION	5						
DEPENDABILITY	5				0		
OVERALL RATING	30						
Thank you			EMRKOVE	ere (ATERE)			
			•   (	Soh		K	4.5.1.5.6
Kills need no Wills need no dependable a	Stephan instruction and he and his	lion S lp ort sidepate new Ma	he is a	Hardgerby Rand OKers Unicus Huray	le in	hes jo	b Wing
partil dispose	tion White	b makes	itadi	ensule	to	WOXK W	1.
good fearny	Player.		SUPERVI	ORIS CHATURS			
,					-	1	
MINISTRATOR COMMENT			All III				
			15 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	(			
			OCC. 180 No. 190				
		The second second	Name and Park	A STATE OF THE PARTY OF THE PAR	-	Company of the Compan	19

EMPLOYEE PERFORMAN	CE REVIEW			REVIEW DATE: 212	
EMPROYESINFORMATION  NAME: ERSC  JOB TITLE:  DEPARTMENT:			DATE OF HIRE:	1 10	<b>4)16</b>
RATENCES APPROPRIETE JOB KNOWLEDGE WORK QUALITY ATTENDANCE/PUNCTUALITY	Serverburyur	X X X	B-satisfactory	2≒FAIR	L-POOR LEAVY
INITIATIVE COMMUNICATION DEPENDABILITY OVERALL RATING		X X X			
DELEVE VOLVNE/NS					
	4400		- Ed		
Essen is great attitud	always	Ready to	o do hevigo	o and ha	56
UNISTRATE RECONDICIONE			I DK	eub	
			LA S	STONE AND	

EMPLOYEE PEI	RFORM#	INCE RE	VIEW
--------------	--------	---------	------

HAVOVAVCE IN HATCH A CONTROL OF THE			REVIEW DATE: 8 29/16.
EMPLOYEEINFORMATION  NAME: MONICO ROME  JOB TITLE: RNA  DEPARTMENT: CHA PA	-O Vanzales.	DATE OF HIRE:	
RATINGS:S  APPROPRIATE  JOB KNOWLEDGE  WORK QUALITY  ATTENDANCE/PUNCTUALITY  INITIATIVE  COMMUNICATION  DEPENDABILITY  DVERALL RATING  MPLOYEE COMMENTS  I Strong G  Q (VIN My and  A team play  PERVISOR COMMENTS  PERVISOR COMMENTS  PERVISOR COMMENTS  PERVISOR COMMENTS  PERVISOR COMMENTS		- J/L	here especially my best to be sondered in Mar. 1
INISTRATORS EDVICENTES			DANNY

EMPLOYEE PERFORMANO	CE REVIEW			OCHICIA DATES.	
NAME: OM CO JOB TITLE: DEPARTMENT: NUISI)	vin Alco	ua	DATE OF HIRE:	REVIEW DATES (	1116
RAYDINGS APPROPRIATE JOB KNOWLEDGE WORK QUALITY ATTENDANCE/PUNCTUALITY INITIATIVE COMMUNICATION DEPENDABILITY OVERALL RAYING	SEEXCEILENIT X(5) X(5) S X(5) X(5)	4=G000, X(4)	B=SATISPACIORY	2=FAIR	a=Poeir
			EMPLOYEESIGNA	ina (m.	
Kooms + res	ows dire in answ sidents hics. Ov		bed aları lat + orde Work pe	ell. Need ns proc	npfly. Pat PCE is
ONING BATOBLEOMYGRIGA				SIGNATURE	

EMPLOYEE PERFORMAN	CE REVIEW				
				REVIEW DAYE	7/21/10
NAME: AMYON DISTRIBUTION DISTRI	rannari)	1 T	DATE OF HIRE:		42114
DEPARTMENT:	nursi	04			
Part of the second seco		)	V2000000000000000000000000000000000000		
RAMINGS					
APPROPRIATE AND	#SEEXCELLENT N	4≡GOOD'	B≑SATISEAGEOF	Y ## 2≡FAIR	1=POOR
WORK QUALITY	1,				
ATTENDANCE/PUNCTUALITY INITIATIVE					
COMMUNICATION	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
DEPENDABILITY OVERALL RATING	/,				
			L		
Tagree My Stun- Healm wor	E TOUR	any R	sidents Sphar Star	as if	they were
				Slavojuri	
			CAUSTON	SKONATURUS SANS	2
				(endels)	Juhan
SUPERVISOR COMMENTS	pri-y-11				
Res She always	COMMUNIC	ates we	ell, she	always o	offens to
Res She always help everyone.	She is a	a hard	Worker	. She 15	always
on time.					
			4 time - 4 t		
		944	SUPERVIS	DRISIGNATURE	The second secon
			/	1	Un
inministrator completes					
374-31-31-31-31-31-31-31-31-31-31-31-31-31-					
			Acidinist	RAYON SIGNATURE	
			- 1/	-Va	



EMPLOYEE PERFORMAN	CE REVIEW			REVIEW DATE:	LANI
PMEROYSE INEGRMATION MAME: JUNEY JOB TITLE: DEPARTMENT:	Villow	rior	DATE OF HIRE:	<b>1</b>	10  6
EVAYINGS APPROPRIATE JOB KNOWLEDGE WORK QUALITY ATTENDANCE/PUNCTUALITY INITIATIVE COMMUNICATION DEPENDABILITY OVERALL RATING	SEEXCEULENTS	1-50000	B=SAVISEACTORY	2=5AR	I POGR
excences of supras				entine udy (	
she has a po and loves hex o help out on	SHIVE a oh She is the floor	ttitude. c a ho	She is (	always si r. sne c	hiling Hevs
YMSTRAIGB EOMMENIEL			Superlyson	- 1	A)
				OR AGNATURE	

EMPLOTEE PERFORMANT	TE KEVIEW			REVIEW DATE:	
EMPROYER INFORMATION		TANK TANK TERSON		REVIEW DATE: 3. 11	0
NAME: LDMM	llin a		DATE OF HIRE:		State of the State of
JOB TITLE:	17 1777	.K.A	DATE OF HIKE:		
DEPARTMENT:	***************************************	***************************************			
			A		
RAVINGS					
APPROPRIATE	SalxGeulenns	4=G(0(0)D(0)(0)(0)(0)	BESATISFACTORY	2 HAIR	1 POOR
JOB KNOWLEDGE WORK QUALITY		14			
ATTENDANCE/PUNCTUALITY		4		1	
INITIATIVE	2			1	
COMMUNICATION	55,15,5				
DEPENDABILITY	5				
OVERALL RATING	5				
a you was various as					
CANADA WANTED STATE OF THE STAT					
## <del>***********************************</del>					
			enjetove Istan		Tylescope and the
			MI		
			1111	Lill LA	)
			1		
endre sammere					
ACTUAL CONTRACTOR OF THE PARTY			ANT	-	
5.14	***************************************				
1000					
		***			
	*:		wirely son se	word.	
					A STATE OF THE STA
			1 ) ()		
					V
MONES PRATOR COMMERCES					)
	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>				
				-	
SINTERES - SINTERES (IIII)			1802505050500000		
			ADMINISTRATOR	SKOHATURISHMAN	
			- /	A	

CNAS	NURSES	<b>EVAL RATINGS</b>	RAISES GIVEN
Aguirre, Gina	Michelle Tello	Good	2%
Alcala, Mayanin	Michelle Tello	Excellent	3%
Alcantar, Arturo	Diane Olmos	Good	2%
Alcaraz, Nancy	Veronica Corrales	Excellent	3%
Alva, Tracie	Michelle Tello	Good	2%
Alvarado, Jalissa	Abel Gonzales	Fair	1%
Ayers, Brad	James Ornales	Good	2%
Bartlett-Jones, Cortney	Christina Rosales	Excellent	3%
Bobadilla, Joshua	Diane Olmos	Good	2%
Branham, Amber	Lisa Smith	Excellent	3%
Brown, Adrie'Anna	Jeanie Cha	Good	2%
Bustamante, Stephanie	Vince Peters	Fair	1%
Carabay, Cecilia	Abel Gonzales	Good	2%
Dever, Jennifer	Vince Peters	Good	2%
Enas, Lanora	Vince Peters	Good	2%
Fernandez, Manuel	Veronica Vasquez	Good	2%
Fontanilla, Marie	Nancy Gunin	Good	2%
Gadsden, Reatha J	Maria Santillan	Good	2%
Sainey, Anna	Charla Rising	Excellent	3%
Sarcia, Sarah	Veronica Corrales	Good	2%
Gonzales, Monica M.	Veronica Vasquez	Excellent	3%

EY!

onzalez, Rebecca	Vince Peters	Good	2%	
utierrez, Priscilla	Hilda Pulido	Fair	1%	
ernandez, Lina	Diane Olmos	Good	2%	
ernandez, Lucy	James Ornelas	Excellent	3%	
lernandez, Yadira	Samantha Gonzalez	Fair	1%	110,25
	Denise Kaundart	Good	2%	
lowell, Maggie			201	
lowser, Priscilla	Veronica Corrales	Good	2%	
eon, Aurelia	Samantha Gonzalez	Good	2%	
lamas, Christina	Denise Kaundart	Good	2%	
Marquez, Beatriz	Diane Olmos	Excellent	3%	
Mathews, Wanda F.	Abel Gonzales	Good	2%	
Miska, Phillip	Jeanie Cha	Good	2%	
Montejano, Cynthia	Nancy Guinn	Good	3%	
Nielsen, Brice	Michelle Tello	Good	2%	
Ontiveroz, Irene	Diane Olmos	Excellent	3%	
Ortega, Marta	Samantha Gonzalez	Excellent	3%	
Ortiz, Berenice	Samantha Gonzalez	Fair	1%	
Ortiz, Michael	Christi Shipman	Excellent	3%	
Pacheco, Anita I.	Christi Shipman	Good	2%	
Pena Garcia, Ana	Francisco Corvera	Good	2%	
Peralta, Yesenia	Abel Gonzalez	Excellent	3%	
Ponce, Maria	Jeanie Cha	Good	2%	
Ramos, Rosamaria	Veronica Corrales	Good	2%	
Rangel, Raquel	Christina Rosales	Fair	1%	

Divore Corrille Martha	Diane Olmos	Excellent	3%
Rivera Carrillo, Martha	Diane Oimos	excellent	370
Rivera, Sheryl	Veronica Vasquez	Excellent	3%
Rodriguez, Amber	Christina Rosales	Fair	1%
Rodriguez, Jessica	Denise Kaundart	Good	2%
Romero, Monica	Charla Rising	Fair	1%
Rosales, Ana	Veronica Vasquez	Excellent	3%
Saldana, Maria	Veronica Vasquez	Excellent	3%
See, Cha	Angela Galvan	Fair	1%
See, Eesen	Denise Kaundart	Good	2%
Seechan, Sheila	Michelle Tello	Good	2%
Tapia, Celeste	Lisa Smith	Excellent	3%
Tapia, Isela	Francisco Corvera	Good	2%
Tompkins, Jeremy	Veronica Corrales	Good	2%
Torres, Alma	Jeanie Cha	Good	2%
Trujillo, Betty	Lisa Smith	Excellent	3%
Vasquez, Isabelle A.	Jeanie Cha	Good	2%
Villarreal Judy	Lisa Smith	Excellent	3%
Willems, Brittany	Francisco Corvera	Good	2%
Xaivong, Somchith (Leave)	Denise Kaundart	Good	2%
Zamora, Raymond	Hilda Pulido	Excellent	3%

NAME: Desirce J. Rivas. DATE:08/24/2016.
What are some of your strengths?  fast pace / gets along good with others.
What are some of your weaknesses?  None that I know yet.
Where do you see yourself in 5 years?  Going Back to School for her RN
If you suspect or witness abuse, how would you go about reporting it?  Is Aware of Reporting it ASAP to charge runk  B to Administrator
Why do you want to work in skilled nursing? Likes the hands on is apreple person.
RN/LVN signature: Spanis Spanis Spanis

727 EX 9

NAME: Maia, Delign	DATE: 3/23/6.
What are some of your strengths?	Musing, mother is a Musing.
What are some of your weaknessed	es? by rature
Where do you see yourself in 5 years on Rn.	ears?
If you suspect or witness abuse, he Report it immed	ow would you go about reporting it?
Why do you want to work in skille working true words	ed nursing? Pro 17400 Experience.
RN/LVN signature:	m Dolum. C. Saly

3 728

B

NAME:	<u>C.</u> F	oule.	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	DATE	_8 1	0/16		
What are s	ome of you	ur strengtl 1200 Vol	15? level	î p	wheats	, lovo c	ain	Par
What are so	DIMIDIC	for ,	sses? You 'Can			perped	A'	III)Qu
Where do y	ou see you RN	rself in 5						
f you suspe	ct or witne	ess abuse,	how would HOI- IINe		about repo			
Vhy do you	want to w	ork in ski	lled nursing	? 2	patient	õ .		
N/LVN sigi	nature:	Bula	Mu.					

USCA	Case #17-1191 Document #1708342 Filed: 12/11/2017 Page 18	4 of 250
	CNA Interview	
	NAME: Kortuy Saesee DATE: 8/04/16	
nonts 1904-	What are some of your strengths?  Hard warker team payer, reliable.	2011 TNR- T/Redwood Springs
	What are some of your weaknesses?	-
	guts token Atlantige of, helps out other people to	
	Where do you see yourself in 5 years?  Make P-N  Jackwey Ch. Whiting to the Livery tool.	T.
	NOT CURRELTUY IN SCHOOL	= 5
	If you suspect or witness abuse, how would you go about reporting it?	
	Flat Paper.	en en en
	Why do you want to work in skilled nursing?	
	Feals Like home.	
	RN/LVN signature:	
		730
ne V		D

NAME: Kalty & acree DATE: 8/24/16	
What are some of your strengths?	
Hardworken, Reliable, & a team play	2.0
What are some of your weaknesses?  Hard to say No: even when per take advantage of her.	ple
Where do you see yourself in 5 years?	
waiting to take her test LNN.	
If you suspect or witness abuse, how would you go about reporting it?  Percent to C. N.  Admissiona to C.  Hill aut 30C 341 paper	
Why do you want to work in skilled nursing?  always has worked in Killed nursing  even uf the gets her C.N or Pr  liscense. the will certifie to st	9
RN/LVN signature: Esmeralda Pamo promo	

NAME: Phumada, Cecelia DATE: 8/23/16.
What are some of your strengths?  Lifts/Heam Player
What are some of your weaknesses?  Nothing!! I have been a compa for a long time.
Where do you see yourself in 5 years? Refixed
If you suspect or witness abuse, how would you go about reporting it?  Pepale 40 amoudance, Dor Adminitación.
Why do you want to work in skilled nursing? Like 40 untik until people.
RN/LVN signature: Oim Oam

NAME: 101 SOR DATE: 8-16-16
What are some of your strengths?  Multitasks - oue achiever -  woughty do not call wo.  Reople Person
What are some of your weaknesses?
Where do you see yourself in 5 years?
If you suspect or witness abuse, how would you go about reporting it?
Why do you want to work in skilled nursing?  Prev. worked als percentes und
RN/LVN signature: Cll Styll  Full time Ams.
Full time AMS.

NAME: JESSICOL MOON DATE: 8/30/16
What are some of your strengths?  Letan Mentaled  Works Jest Will pressure  Sense of rumor.  Compassionale
What are some of your weaknesses?  Affachnulyt ISBUES  Sets ahead of self  Pons to far ahead
Where do you see yourself in 5 years? As a nuse: Started I'm program, taking time off a
If you suspect or witness abuse, how would you go about reporting it? H wholsed, Stop H. Whom Spendor, file recurry Paper were
Why do you want to work in skilled nursing?
RN/LVN signature:

NAME:	Nomie Date: 8/16/16  some of your strengths? Ndependent, team player.
What are:	some of your weaknesses? detail oriented, time management.
Where do	you see yourself in 5 years? Wayting on RN.
If you susp	ect or witness abuse, how would you go about reporting it?
Why do you	u want to work in skilled nursing?  want to be active, interactive wo patients
N/LVN si	

· VOC Shift. Full time

1

	1:15 TOUT 945	148-17A 17B-20B 21A-26B T. Vasquer 5. A. Torres 6J. Bobadella 10:45 10:15	5, LVN
July 2	CNA Meal Assignment  1. Dinning Room J. Bobadilla  2. T/A(1&2)Dinning Room S.	Attention ALL CNAS  Make sure skin is checked daily, skin sheets filled out and signed by charge nurse before 10:00 AM. CNA on Floor during meals is responsible for updating white board every shift. Snacks are to be passed out upon delivery. Fresh ice water is to be passed out every shift. Report to dinning room and TA before trays are called. Always make sure your charge nurse knows when you leave the floor. Make sure all residents are in there proper dinning areas during all meals. Everyone is responsible to take their residents to proper dinning areas	66:H ==
		Intaka and Outnut	

Γ	Room #	CNA Initial	ITT/OP	Room #	Intake	Output	1	1
1	18	MZ	1190	1B	CITUDE	1300 M	30 A	
1	UA	V-1	1-270	2A	240	Xa	20B	
	SA	SK.	740	3B	120	10 × 3	21 1420	X
2 t	58	80	1000	5A	X40	XX	22 720	X
	98	DMP	1000	5B	300	13		×
3	IIA	RUVA	1080 X 4	6A	200	TX \	24A 840	X
	12 B	(iV)	1090×400 >	68	120	LOCK FAIL		
11	14 B	Ration	LLUOX 9507		1200	LECT- LAUC		
	158	N K	12wx4 >	91				
5	17A	(B) M	1080 X900 ->	98	100	- VI		
_	18B			11.B	90	1 200		
6	20A	_ KX		18A	960	VU		8
		(30), 50		18B	660	1 4 3	Asset !	
				19A	1200	XY		9
			]	19B	1540	1 x 3	The ear	12E

Daily Assignment Sheet

STATION:	Shift: PM	Date: 8/2/16
Nurse: (Front) VERONI CNA Groups: Snack 1. Raymons Man 3. 1B-7A 9A-14A	CA Supplied Delpolica 185-188 199	(Back) HOUR Awelia 4-8 (Back) Nenelia 6.
CNA Meal Assignment  1. Dinning Room Qurelia  2. T/A(1&2)Dinning Room Ra  3. Floor Muria  4. Trays Delfadira  5. Trays  6. Trays & Floor Dune	υ <u></u> .	Attention ALL CNAS  Make sure skin is checked daily, skin sheets filled out and signed by charge nurse before 10:00 AM.  CNA on Floor during meals is responsible for updating white board every shift.  Snacks are to be passed out upon delivery. Fresh ice water is to be passed out every shift.  Report to dinning room and TA before trays are called.  Always make sure your charge nurse knows when you leave the floor.  Make sure all residents are in there proper dinning areas during all meals.  Everyone is responsible to take their residents to proper dinning areas
		Intake and Output

## Daily Showers

Room #	CNA Initial
GA	KZ_
6A 10A	LX3
23A	comptu

Room#	Intake	Output
13	240	Dooc
SA	240	XI
33	480	XZ
57A-	600 "	X2
SB	Empty	
GA	240	Xe
COB	120	Gaace
7	240	quece
94	4808	2
93	480	Socc
11B	240	V ]
128	Hospita	.1
1817	URO	X2'
1813	240	X2
19A	1 240 0	( )
793	1 480	V2
2011	3600	73
001.0	V× (164)	
3/18	140 × 3	

Daily	Assignment	Sheet
-------	------------	-------

	Daily Assignin	Hent Shoot
SIMILOIN	shift: AM	Date: 8 3 16
Nurse: (Front) VOY MICA V	<u> </u>	(Back) 111100
CNA Groups:  1. MUNIO 2. Advisor MANA 3.  1. Le - 1	na B	Make sure skin is checked daily, skin sheets filled out and signed by charge nurse before 10:00 AM.  CNA on Floor during meals is responsible for updating white board every shift.  Snacks are to be passed out upon delivery.  Fresh ice water is to be passed out every shift.  Report to dinning room and TA before trays are called.  Always make sure your charge nurse knows when you leave the floor.  Make sure all residents are in there proper dinning areas during all meals.  Everyone is responsible to take their residents to proper dinning areas

	Room #	CNA Initial
(	24 3	ME
	36	800
T	68	RM
1	Ap.	3-
91	10.8 -	2.
	4 15A	MYS X
5	100	3501
- di	21.	76 010
-0	13 B	2mpy
₹3		

# Intake and Output

Room#	Intake	Output	٨ۮ	100
18	urc	300 Cc	241	1080
1A	480	X		
SA	160	X2		3
(A)	160	123		
68	120	425		
7	1400	475		
AP	1460	XS		J. 18
dB	150	200		11
NB_	240	180,		A
181	140	1 19		1/1
168	1340	1 1/3		Par 1
19.8	1260	176	1	
10B	660	101	1	
20A	960	1 8 3	1	
70%	960	- 0.3	1	1 1
38	115	x3	1	1/
21	560	K >	L-	
0.7/	1111.0	EC 550		

1140 22

FC550 738 C

Daily	Assignment	Sheet
-------	------------	-------

	Daily Assign	mione oncoe	
STATION; 1	Shift: AM	Date: 9 4 16	-
Nurse: (Front) VIVINI	<i>y</i> /.	(Back) VIIII) C	
CNA Groups: 15:10  1. MAHUAB 2. Yordin  1B-GA GB-11	15,1 7 9:45 alls. Maria 4.	10:15 10:45  sabel 5:45  6.  168-2011 208-268	
CNA Meal Assi	gnment	Attention ALL CNAS	
1. Dinning Room Ma 2. T/A(1&2)Dinning Room 3. Floor Calif	on I wild	<ul> <li>Make sure skin is checked daily, skin sheets filled out and signed by charge nurse before 10:00 AM.</li> <li>CNA on Floor during meals is responsible for updating white board every shift.</li> <li>Snacks are to be passed out upon delivery Fresh ice water is to be passed out every shift.</li> <li>Report to dinning room and TA before trays are called.</li> <li>Always make sure your charge nurse knows when you leave the floor.</li> <li>Make sure all residents are in there prope</li> </ul>	y.

	Room #	CNA Initial	ĺ
1	28	AB.	
(	HA.	1-Fames	
-	5:A	1 AB.	
	58	en 197-1	20001
2	98	KARCINIA	are.y
	RII	90	U
2	128	Engoty	
2	JUB	MS	
	15B	1/2 Sa	
2	[+]	1- Etused	
-	10B	refused	
-	- 20A	Therapy	
>			
]			
1			

## Intake and Output

dinning areas during all meals.

Everyone is responsible to take their residents to proper dinning areas

Make sure all residents are in there proper

Filed: 12/11/2017

Room#	Intake	Output	22	9 201
1B	840	500cc	. 10	9 20 F 8
NA	000	¥3	1419	1320 X2
313	480	XY		
48	360	X.2_	,	~
6A	840	XY		
GA	560	¥3		
6B	240	40000		
- 7	170	45000	1	
AP	120	123		
qB	240	150cc		
118	allelia	1200		
1&A_	9600	×3		
188	988	×2		
API	340	× \		
१५८	480	x3		
WA	100	X2	J	
20 B	1300	X2		
21	1 274 19	xx		

Daily	Assignment	Sheet
-------	------------	-------

Daily A	SSIgnment Shoot
STATION: Shift:	AM Date: 8/5/16
Nurse: (Front) Hilda	(Back) DIMA
CNA Groups:  1. Mario 100 2. Strates 3. Mario 100 100 100 100 100 100 100 100 100 10	Attention ALL CNAS  Make sure skin is checked daily, skin sheets filled out and signed by charge nurse before 10:00 AM.  CNA on Floor during meals is responsible for updating white board every shift.  Snacks are to be passed out upon delivery.  Fresh ice water is to be passed out every shift.  Report to dinning room and TA before trays are called.  Always make sure your charge nurse knows when you leave the floor.  Make sure all residents are in there proper dinning areas during all meals.  Everyone is responsible to take their

8	Room #	CNA Initial	
1	Ai	-EMPTY-	
	3A	refused	
72	UB	48	
	HO	THE STATE OF THE S	
-	120	MX	
-3-	140	as Mr. S	
11	161	( ( ) ( )	dont
	17B	DONEEVILLOST	COMO
	HPJ	Ple RNStudes	,
5	NB	- EMPTY	
	16A-	- CLAIN	

Room#	Intake	Output	Ĭ.
iB.	480	1000cc	
VA	360	X3	
3.6	240	X4	
116	240	X2_	
5A	1000	X5	
68	1100	XY	
(0)	3000	300	
- 6h	9100	500	
<u>a</u>	1180	X	
Qn.	960	500	
110	EMAM		
189	0100	×3	
10 A	120	$\times$	
198	(e80	X3	1 1 1 1 7 2
20A_	720	X2	
108	960	LX3	
	1080	PC 1300	
27 241	920	x 2	6

# Daily Assignment Sheet

STATION: Shift: PM	Date: 8/10/110
Nurse: (Front) Vennuca	(Back) Diane & Ashley
CNA Groups:  1 ( Promy 2. Priscilla 3 Deyadinas.	BOOH1125 6.
1. Promy 2. Pristillo 3. Maturis. 1A-US 1A-144 14 B-198 (10:45) (5:45) (10:15) CNA Meal Assignment	19.30) Attention ALL CNAS
1. Dinning Room (4-8pm)  2. T/A(1&2)Dinning Room Themy  3. Floor Priscilla  4. Trays Dyndura  5. Trays  6. Trays & Floor Beatn 2	<ul> <li>Make sure skin is checked daily, skin sheets filled out and signed by charge nurse before 10:00 AM.</li> <li>CNA on Floor during meals is responsible for updating white board every shift.</li> <li>Snacks are to be passed out upon delivery.</li> <li>Fresh ice water is to be passed out every shift.</li> <li>Report to dinning room and TA before trays are called.</li> <li>Always make sure your charge nurse knows when you leave the floor.</li> <li>Make sure all residents are in there proper dinning areas during all meals.</li> <li>Everyone is responsible to take their residents to proper dinning areas</li> </ul>

# Daily Showers

Room #	GNA Initial
14A	1886
18A	SHIFT
26A 210B	D.S.
210B	Refused

Room#	Intake	Output	24B 240 X2
1B	480	1000	26 × 480 × 3
-2A	360	250	
38	480	X3	
4B	360	133	and the second
5A	600	XS.	-
5B	360	X3 V	
LOA	600	1300	-
ioB	3/00	B(1) 6.	/
74	300	1000	Tiral
98	300	1	21/0
84	730	1 23 -	
184_	1000	1 177	
IBB	120	1XI	741
199	480	X2	
200	600	102	
2012	480	X/3	1
20B 22B	1000	1350 00	0
24A	480	X4	
ارال	180	- 1	*

## Daily Assignment Sheet

STATION: / Shift: A	M Date: 8/7/14
Nurse: (Front) James O.	(Back) Diane O. O' Ashley
1A-SA 5B-10A 10B-146 SUACKS	1045 945 0 1015 . Isabelle 5. Alma 6. Joshua 15A-18A 18B-72A 24A-26B
CNA Meal Assignment	Attention ALL CNAS
1. Dinning Room Jashua  2. T/A(1&2)Dinning Room Isabelle  3. Floor Alma (8)  4. Trays Salah &  5. Trays Rachtel  6. Trays & Floor Manuel	<ul> <li>Make sure skin is checked daily, skin sheets filled out and signed by charge nurse before 10:00 AM.</li> <li>CNA on Floor during meals is responsible for updating white board every shift.</li> <li>Snacks are to be passed out upon delivery.</li> <li>Fresh ice water is to be passed out every shift.</li> <li>Report to dinning room and TA before trays are called.</li> <li>Always make sure your charge nurse knows when you leave the floor.</li> <li>Make sure all residents are in there proper dinning areas during all meals.</li> <li>Everyone is responsible to take their residents to proper dinning areas</li> </ul>

# Daily Showers

Room#	CNA Initial
,	Nail Shuve
	Showe
	<b> </b>
V	1

Room#	Intake	Output	
1A	780	X 2	70B 1940X 3
13	960	YWIL	22 1320 X 650
33	720	13	24B 640X4
43	700	X2_	1- 10-07
5A	960	182	1
SB	600	1X4	
UA	1560	XA	
UB	646	X COD	4
7	644	X (020)	
8	890	X 2	
93	450	7 18 12	
18A	640	X3	
19B	840	X3	
19A	10000	de X3	
193	loloc	132	- :
20A	1 900	1 × 5	

Daily Assignment Sheet			
STATION: Shift:	PM Date: 8/8/16		
Nurse: (Front) Hills  CNA Groups: "D" (Mar.  1. Leremy 2. Marla 3. Degadi  1. A 1 15 A 14 C 15 A 15	4. Kaymonds. 6.		

Room #	CNA Initial
12	SH/A
33	61'
ANG	KZ
208	Therapy
	13

Room#	Intake	Output	,	£ .
14	480	12-	]	
10	480	X4		
36	360	X2		
46	360	12		
5A	600	X3 L	1	
56	480	X3V		
61-	480	13 ~		
66	480	005		
7	840	400 5		
- 8	240	1	<del>,</del>	
98	240	Suc v	1	
18A	480	100 Took		
1812	300 n	X4 J		
1914	360	X2	1	17 10
190		1X7 /	"" The	143
LDH	1430			
238	Luco	71		
208	360	XZ		
21.0	Coc	Y. T.		1
				1

	Daily Assign		X	8/9/110
STATION:	Shift: A/	<u>n</u>	Date:	
Nurse: (Front) Varonica	V	(Back)	Diane	0.
CNA Groups: 1016 1. Adri Agan 2. Adrie Mana 3 1. Adri Agan 2. Adrie Mana 3 ACT	A. A.	945 (1) . Alma 5. 178-71	1045 Phil 22-266	6
CNA Meal Assignment  1. Dinning Room Mana  2. T/A(1&2)Dinning Room A  3. Floor Manue M  4. Trays Addie Anna  5. Trays Floor Phil	M * Ima ®	Make sure sheets fille nurse before to CNA on F for updation of the shift.     Report to trays are contained and the shift.     Make sure dinning at Everyone	ed out and signer 10:00 AM loor during ring white boars to be passed water is to be dinning room alled.  ake sure you leave all residents reas during all	ked daily, skin med by charge L. neals is responsible and every shift. I out upon delivery. passed out every a and TA before a charge nurse the floor. I meals. e to take their

	Room#	CNA Initial	]
	IA	mE	] ]
	3A	IMT	
	43		12
	В	1413	1
	1113	Emply	1
	120	MS	1-3
	12C 14C	W/	
ı	16A	I M	110
1	17B	DX.	
ĺ	19A	I RUX	
	708	Alma Ph	15
	210A	rafund Ph	
I			]
f			]
ľ			

# Intake and Output

Room#	Intake	Output
IA	960	x 5
1/3	960	k3
3B		k2
48	960	X2
SA	960	XD
53	440	K2
UA	960	\$300u
UB	480	500cc
7	8	
8	O US SE	X,3
9B	480.	X2_
18A	1020	1 X4
19B	900	X2
191	720	172
23B	540	X
24B	840	x 2

Mac 744

STATION: 1 Shift: AM  Nurse: (Front) PRONICO  CNA Groups: DIA-5A 5B-12-86 12C-11MM  1 Adril Inme. Sanan 3. Maria  1 Adril Inme. Sanan 3. Maria  1 Dinning Room Sanan  2. T/A(1&2)Dinning Room LUNC  3. Floor Maria  Maria  1. Dinning Room LUNC  3. Floor Maria  1. Dinning Room LUNC  1. T/A(1&2)Dinning Room LUNC	PPT (D) NAM hawl ready by 09:30  - 16 A 168 - 208 21A - 268  mment Sheet  Date: ALIQUAT 10 DOLG  (Back) JLONNO
	<ul> <li>CNA on Floor during meals is responsible for updating white board every shift.</li> <li>Snacks are to be passed out upon delivery.</li> <li>Fresh ice water is to be passed out every</li> </ul>

	Room#	CNA Initial	
deio Anno	1 2A	Kentsed	
TONOIS MINER	38	AB	
13		<b>EWBAA</b>	
sarah.	× 6B	55	
Julius C.	9A	empty	
Maria	1013	145	
140	15A	m>	2.4
Phillips	1 480A12A	MESTY IN	1219
Pilluly	10.62	YOM V	
	198	LVI	
1 101	31	On work	
( )	93B	Rochostect	v.,
_		LIM DUONS	~
^ 1			

Room#	Intake	Output
1A	(100)	×2_
IB	1600	XY
3B	1600	1 ×3
4B	1240	1 X.2
5A	1480	XY
5B	980	1 X4
LOA LOB	(CD)	1 XD
	490	(00)
7	Emphy-	TV2
8	800	1
98	480	150
IRA	NPO	1 2
18B	360	X2
4A	480	X3
14A	(1000	12.3
038	1 000	2.53
24B	720	× 2
AA		

-May 745

## Daily Assignment Sheet

STATION: 1 Shift: P	Date: 8/11/14
Nurse: (Front) James	(Back) Varanica
CNA Groups:	4-8 Rose marc
1. Priscilla 2. Maria 3. Irene 4 1A-6A 6B-14A 143-193 6:30 5:45  CNA Meal Assignment  1. Dinning Room Roseman  2. T/A(1&2)Dinning Room Betty  3. Floor Irene 4. Trays Maria 3. Irene  6. Trays & Floor Priscilla	Attention ALL CNAS  Make sure skin is checked daily, skin sheets filled out and signed by charge nurse before 10:00 AM. CNA on Floor during meals is responsible for updating white board every shift. Snacks are to be passed out upon delivery. Fresh ice water is to be passed out every shift. Report to dinning room and TA before trays are called. Always make sure your charge nurse knows when you leave the floor. Make sure all residents are in there proper dinning areas during all meals. Everyone is responsible to take their residents to proper dinning areas
	* . 1

# Daily Showers

Room #	CNA Initial
18	Hene has
22	SH MA
22 24A	SIT student
25B	Sit student
	0

# Intake and Output

Room#	Intake	Output
IA E	U() WWW	( Y
113	240	300cc
38	240	X2
2A	0340	12
41	240	1 23
43	360	74
5A 4	AU COORD	13
53	240	14
6A	240	13
6.B	240	2500
7	480	12
98	120	k l
98	240	-150cc
184	480	X2
18B	120	12
19 A	360	×1

238 500 ×4 248 480 ×3 264 600 ×3

# Daily Assignment Sheet

STATION:	Shift: An	1 Date: 8-12-10
Nurse: (Front)	tilda	(Back) Diane
CNA Groups:		(iv)
CNA  1. Dinning Room	Meal Assignment  MSOUPLE	Attention ALL CNAS  Make sure skin is checked daily, skin sheets filled out and signed by charge nurse before 10:00 AM.
3. Floor Sa. 4. Trays AW	na	<ul> <li>CNA on Floor during meals is responsible for updating white board every shift.</li> <li>Snacks are to be passed out upon delivery.</li> <li>Fresh ice water is to be passed out every shift.</li> <li>Report to dinning room and TA before trays are called.</li> </ul>
5. Trays WC	or Peachel	<ul> <li>Always make sure your charge nurse knows when you leave the floor.</li> <li>Make sure all residents are in there proper dinning areas during all meals.</li> <li>Everyone is responsible to take their residents to proper dinning areas</li> </ul>
L		- 1 Ontont

# Daily Showers

	Room #	CNA Initial
t	I.A	mE
1	3A	mif
	LIB	-5
	8	8
	IIB	Ring
3	12C	100
	TLIC:	Res.
2	10A	(W)
	172	K
5	10 A	W
	200	Sh B
10	24014	0
~ 4	000	

Room#	Intake	Output		
IA.	960	X.	-	
13	940	1 KD	-	
ZA	460	X 2		
33	466	1X3	_	
4A	240	X		
413	77	2 XIP		
5A	73	V X	_	
5B	72	UX	-	
WA	96	O X4		
LeB	180	XS	2	
7	460	2 32		
8_	14/10	2   X2		
90	7,20	0 315		
18A	84	0 7 2	-	
1803	- Co	OX		7777
19A	180	111		141
2313		XZ		
SHB		1		
26A	960 X	2	)_	-

#### **ACKNOWLEDGEMENT:**

Every effort has been made to identify the essential functions of this position. However, this in no way states or implies that these are the only duties you will be required to perform. The omission of specific statements of duties does not exclude them from this position.

I have read this job description and fully understand the requirements. I understand that proprietary information remains the property of the company and confidential information must remain within the confines of the company during and after employment. I hereby accept the position of Charge Nurse and agree to perform this position in a safe manner and in accordance with the facility's established procedures. I understand that as a result of my employment, I may be exposed to blood, body fluids, burn, infections diseases, air contaminants (including tobacco smoke), hazardous chemicals, and to the Hepatitis B virus, and that I will be responsible for following company policies and procedures when in contact with any of the situations described above.

I understand that my employment is at will. My employment is for no definite or determinable period and may be terminated at any time with or without prior notice at the option of either myself or the company. No promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the facility Administrator.

Employee

1-18

Date

Supervisor

7-18/6

Date

Day: TUESday

Date: April 7,2015

AM Shift

Station 1	Station 2	Station 3
Front: Angel Gancenia RN	Front: Abel Gonzlaes LVN	Front: Sofia Pineda LVN
Back: Kulsum Hussain LVN	Back: Amanda Hanson LVN	Back: Kellyn Shuster LVN
	Treatment Nurse: Staci Silicato LVN	
CNA	CNA	CNA
Group 1 Angel Thompson	Cecilia Carabay	Rebecca Gonzalez
Group 2 Sarah Garcia	Guadalupe Hernandez	Monica Romero
Group 3 Phil Miska	Lina Hernandez	Reatha Gadsden
Group 4 Isabelle Vasquez	Priscilla Howser	Maria Santillan
Group 5 Monica Gonzales	Patricia Quevedo	Maria Saldana
Group 6 Martha Rivera	Celeste Tapia	Ana Rosales

RNA	MDS	Extra
Sheryl Rivera	Celena Uneal LNN	Scott Diane LYN
Judy Villareal	Maryln Lopez LYN	ISabel Paloirior
Catrina Jimenez	Verogia Garcia	

DM Shift

Station 2	Station 3
4-9 nurse: Vince Peters LVN	
CNA	CNA
Tawny Mahan	Shandra Valencia
Eetong Saesee	· Hyssa Solono
Lucy Mendoza	Irene Ontiveroz
Unique Sims	Rachel Oseguera
4:00-8:00 PM-	4:00-800 PM- Jessica Rojas
	4-9 nurse:Vince Peters LVN CNA Tawny Mahan Eetong Saesee Lucy Mendoza Unique Sims

Noc Shift

Station 1	Station 2	Station 3
Jocelyne Colin RN	Michelle Tello LVN	Bianca DeGiorgio RN
CNA	CNA	CNA
Group 1 Ana Pena	Gina Aguirre	Elijah Rodriguez
Group 2 Tina Castellano	Karley Alcantar	Eesen See
Group 3		
•	Float:	

License Nurse  $\frac{135}{135}$  = Total Hours  $\frac{135}{135}$  = PPD  $\frac{34}{11}$ 

Day: Wednesday

Date: April 8, 2015

AM Shift

Station 1	Station 2	Station 3
Front: Francisco Corvera LVN	Front: Maria Santillan LVN	Front: Sofia Pineda LVN
Back: Kulsum Hussain LVN	Back: Gary Lopez LVN	Back: Marissa Torres RN
	Treatment Nurse: Nancy Lopez LVN	
CNA	CNA	CNA
Group 1 Amber Branham	Alejandra Tolentino	Anita Pacheco
Group 2 Sarah Garcia	Morta Ortega	Monica Romero
Group 3 Manuel Fernandez	Sharnal Daniels	Reatha Gadsden
Group 4 Isabelle Vasquez	Priscilla Howser	Gina Pauls
Group 5 Sarah Johnson	Alma Torres	Maria Saldana
Group 6 (211000011100 HPID)	Celeste Tapia	Ashley McAuliffe 01140/
Group 6 (JUACA/UPC FF1 114 (Coliett Collins) C/O		
PNA	MDS	Extra

RNA	MDS	Extra
Judy Villareal	Celena Oneal LVN	Diane Scott LVN
Catrina Jimenez	Manulin Lagez LVM	Isabel Palomo RN
Patricia Quevedo	100000000000000000000000000000000000000	Priscilla Medina LVN //,
	Veronica Garcia	

PM Shift

Station 1	Station 2	Station 3
Medicare Nures:Lupe Ramos LVN	4-9 nurse:	
CNA	CNA	CNA
Group 1 Raymond Zamora	Tawny Mahan	Alyssa Soleno
Group 2 Marissa Valdez	Eetong Saesce	Shorh Balang
Group 3 Jeremy Tompkins	Oscar Zavala	Denise Aguilera 4-10
Group 4 Jose Castellanos	Unique Sims	Rachel Oseguera
Group 5		
4:00-8:00 PM-	4:00-8:00 PM-	1:00-800 PM
Art Alcantar		10100011111111111111111111111111111111

Noc Shift

Station 1	Station 2	Station 3
Rosa Lewis RN Joselune RN	Michelle Tello LVN	YENI 6-IMM AMANDA CLA
CNA	CNA	CNA
Group 1 Tina Castellano	Karley Alcantar	Eesen See
Group 2 Elida Notaricola	Pal Kaur	Jennifer Rodrigues
Group 3		
	Float:	

License Nurse 163 + CNA 362 5 = Total Hours 465 9 Census: 136 = PPD 3 42

Day: Thursday

Date: April 9,2015

AM Shift

Station 1	Station 2	Station 3
Front: Veronica Vasquez LVN	Front: Staci Silicato LVN	Front: Sofia Pineda LVN
Back: JEANNE CHA	Back: Gary Lopez LVN	Back: Marissa Torres RN
21 230 30102 600	Treatment Nurse: Nancy Lopez LVN	
CNA	CNA	CNA
Group 1 Amber Branham	Alejandra Tolentino	Anita Pacheco
Group 2 Sarah Garcia	Coliett Collins	Monica Romero
Group 3 Manuel Fernandez	Sharnal Daniels	Reatha Gadsden
Group 4 Isabelle Vasquez	Prisilla Howser	Gina Pauls
Group 5 Marta Ortega	Alma Torres	Maria Saldana
Group 6 Guadalupe Hernandez	Celeste Tapia	Ashley McAuliffe

RNA	MDS	Extra
Judy Villareal	Celena Oneal LVN	Isabel Palomo RN
Petra Molina	Marylin Lopez LVN	Diane Scott LVN
Catrina Jimenez	Veroncia Garcia	
		MANDA H 6M-1

PM Shift

Station 2	Station 3
4-9 nurse:Charla Rising LVN	
CNA	CNA
Eetong Saesee	Denise Aguilera
Macie Garcia	Shorh Balang
Betty Trujillo	Dawn Forester
Oscar Zavala	Rachel Oseguera
4:00-8:00 PM- Michael Ortiz	4:00-800 PM-
	4-9 nurse:Charla Rising LVN  CNA  Eetong Saesee  Macie Garcia  Betty Trujillo

Noc Shift

Station 1	Station 2	Station 3
Rosa Lewis RN	Michelle Tello LVN	Amber Marshall RN
CNA	CNA	CNA
Group 1 Tina Castellnao	Karley Alcantar	Eesen See
Group 2 Elida Notaricola	Pal Kaur	Jennifer Rodrigues
Group 3Maria Garcia		
	Float:	

License Nurse  $\frac{156}{4}$ +CNA $\frac{3}{8}$  =Total Hours  $\frac{170.5}{4}$  Census:  $\frac{136}{4}$  =PPD  $\frac{3.5}{8}$ 

Date: April, 10, 2015

AM Shift

Station 1	Station 2	Station 3
Front: Eesin Seechan RN	Front: Abel Gonzales LVN	Front: Staci Silicato LVN
Back: Charla Rising LVN	Back: Gary Lopez LVN	Back: Marissa Torres RN
	Treatment Nurse: Esmeralda Ramos LVN	
CNA	CNA	CNA
Group 1 Amber Branham	Cecilia Carabay	Rebecca Gonzalez
Group 2 Angel Thompson	Alejandra Tolentino	Anita Pacheco
Group 3 Manuel Fernandez	Lina Hernandez	Gina Pauls
Group 4 Phil Miska	Sharnal Daniels	Jackie Freeman
Group 5 Sarah Johnson	Alma Torres	Margarita Quintero
Group 6 Martha Rivera	Monica Gonzales	Ashley McAuliffe

Marta Ortega

RNA	MDS	Extra
Sheryl Rivera	Celena Oneal LVN	Diane Scott LVN
Petra Molina	Marylin Lopez LVN	Isabel Palomo RN 🕖
Patricia Quevedo	Veronica Garcia	

PM Shift	49 Janne Cha Station 2	Station 3
Station 1		Station 5
Medicare Nures:Lupe Ramos LVN	4-9 nurse:Sofia Pineda LVN	
CNA	CNA	CNA
Group 1 Raymond Zamora	Eetong Saesee	Shandra Valencia
Group 2 Maria Ponce	Macie Garica	Shorh Balang
Group 3 Jeremy Tompkins	Betty Trujillo	Irene Ontiveroz
Group 4 Lu Vang	Ana Rosales	Alyssa Soleno
Group 5		
4:00-8:00 PM- Art Alcantar	4:00-8:00 PM- Michael Ortiz	4:00-800 PM-

Noc Shift

NOC SIIII		
Station 1	Station 2	Station 3
Rosa Lewis RN	Nathan Grant LVN	Amber Marshall RN
CNA	CNA	CNA
Group 1 Ana Pena	Gina Aguirre	Elijah Rodriguez
Group 2 Maria Garcia	Pal Kaur	Jennifer Rodriguez
Group 3Kapu Saesee Perio		
* 1/-	Float:	

License Nurse  $\frac{148.5}{100} + \text{CNA} = \frac{223.5}{100} = \text{Total Hours} = \frac{1112}{100} + \frac{1314}{100} = \frac{315}{100} = \frac{315}{100$ 

Day: Saturday

Date: Apr. 11, 2015

AM Shift

Station 1	Station 2	Station 3
Front: Eesin Seechan RN	Front: Abel Gonzlaes LVN	Front: Vince Peters LVN
Back: Charla Rising LVN	Back: Napha See RN	Back: Kellyn Shuster LVN
12 1 10	Treatment Nurse:	
Kulsungle-10	Nancy Lopez LVN	
CNA	CNA	CNA
Group 1 Amber Branham	Cecilia Carabay 7.5	Rebecca Gonzalez
Group 2 Angel Thompson	Alejandra Tolentino + 5	Anita Pacheco
Group 3 Manuel Fernandez	Margarita Quintero 1.5	Gina Pauls +.5
Group 4 Phil Miska	Sharnal Daniels +.5	Monica Romero 6-10
Group 5 Sarah Johnson	Alma Torres	Art Alcantar
Group 6 Martha Rivera	Monica Gonzlaes	Ashley McAuliffe + . 5

Sarah Garcia

RNA	MDS	Extra
Sheryl Rivera		
Petra Molina 1.5		
Patricia Quevedo		

PM Shift

Station 1	5-10 Station 2	Station 3
Medicare Nures:Lupe Ramos LVN	49 nurse:Ron Ericson RN	Cleanne Cha LNN 3-8
CNA	CNA	CNA O (7)
Group 1 Maria +5	Tawny	Dann Shandra ) C/L
Group 2 Oscar	Macie +.5	Shorh 4.5
Group 3 Jeremy 7.5	Betty	Irene
Group 4 Teresa Jimenez	Unique	Rachel
Group 5 Dawn (station)		
4:00-8:00 PM- Michael Ortiz	4:00-8:00 PM-	4:00-800 PM-
		Alyssa Soleno

Noc Shift

Station 1	Station 2	Station 3
Kendra Bennett RN	Maria Santillan LVN	Nathan Grant LVN
CNA	CNA	CNA
Group 1 Ana	Gina	Elijah
Group 2 Elida	Pal	Jennifer
Group 3Maria		
	Float:	

License Nurse 128 5 CNA 317.5 = Total Hours 446 / Census: 130 = PPD 3.43

Day: Sunday

Date: Apr 12, 2015

AM Shift

Station 1	Station 2	Station 3
Front: Eesin Seechan RN	Front: Abel Gonzlaes LVN	Front: James Ornela SZVA Back: Francisco Corvera LVN
Back: Charla RisingLNN	Back: Napha See RN	Back: Francisco Corvera LVN
	Treatment Nurse: Nancy Lopez LVN	
CNA	CNA	CNA
Group 1 Angel Thompson	Cecilia Carabay	Rebecca Gonzalez
Group 2 Sarah Garcia	Guadalupe Hernandez	Monica Romero
Group 3 Isabelle Vasquez	Jackie Freeman +.5	Reatha Gadsden
Group 4 Phil Miska	Priscilla Howser	Pátricia Quevedo C/35,
Group 5 Monica Gonzales	Margartta Q 1.5	Maria Saldana
Group 6 Alejandra Tolentino +.5	Celeste Tapia	Ashrey McAul Ife
Manta K14°		Short 109
RNA	MDS	Extra
Sheryl Rivera		VINIE PEKIS 11.5
Judy		
Catrina		

PM Shift

Station 1	Station 2	Station 3
Medicare Nures:Lupe Ramos LNV	4-9 nurse:Ron Eriscon RN	
CNA	CNA	CNA
Group 1 Maria +5	Tawny	Shandra
Group 2 Marissa	Macie 7.5	Dawn
Group 3 Lu Vang +.5	Betty	Irene
Group 4 Jose	Unique	Rachel Oseguera
Group 5 Raymond Zamora 1.	5	
Group 5 Raymond Tamora 1.4:00-8:00 PM- Teresa Jimenez	4:00-8:00 PM- Michael Ortiz	4:00-800 PM- Alyssa Soleno
Bernue Ortiz	-11	

Noc Shift

Station 1	Station 2	Station 3
Kendra Bennett RN	Amber Marshall RN	Bianca DeGiorgio RN
CNA	CNA	CNA
Group 1 Ana	Gina	Elijah
Group 2 Tina	Karley	Eesen
Group 3Maria		
	Float: Kapu	

License Nurse 136 + CNA 374 = Total Hours 470 / Census: 181 = PPD 3.58

Day: Monday

Date: Apr. 13, 2015

AM Shift

Station 1	Station 2	Station 3
Front: Angel Gancenia RN	Front: Maria Santillan LVN	Front: Vince Peters LVN
Back: Christi Shipman LVN	Back: Napha See RN	Back: Francisco Corvera LVN
	Treatment Nurse: Esmeralda Ramos LVN	
CNA	CNA	CNA
Group 1 Angel	Cecilia	Rebecca
Group 2 Sarah	Guadalupe	(Monica R ) (I) [
Group 3 Phil	Lina	Reatha
Group 4 Isabelle Out @/2	Priscilla	Jackie Freeman
Group 5 Monica G	Patricia	Maria Saldana
Group 6 martha	Celeste	Ana

Collett Collins - Al allows

RNA	MDS	Extra
Sheryl	Celena	Diane
Judy	Marylin	Isabel
Petra Molina	(Veronica )	

PM Shift

Station 1	Station 2	Station 3
Medicare Nures:Lupe Ramos LVN	4-9 nurse:Michlle Tello LVN	Eesin Seechan RN C/O
CNA	CNA	CNA
Group 1 Maria	Tawny	Shandra
Group 2 Marissa	Eetong	Irene
Group 3 Denise	Raymond Zamora	Dawn
Group 4 Jose	Unique	Rachel
Group 5		
4:00-8:00 PM- Teresa J	4:00-8:00 PM-	4:00-800 PM-

Noc Shift

Priscilla Medina LVN

Station 1	Station 2	Station 3
Rosa Lewis RN	Joceylne Colin RN	Bianca DeGiorgio RN
CNA	CNA	CNA
Group I Ana	Gina	Elijah
Group 2 Tina	Karley	Eesen
Group 3Kapu		
	Float:	

License Nurse 168 + CNA 294 = Total Hours 402 / Census: 133 = PPD 347

Day: / Uesday

Date: April 14, 2015

**AM Shift** 

Station 1	Station 2	Station 3
Front: Angel Gancenia RN	Front: Maria Santillan LVN	Front: Sofia Pineda LVN
Back: Kulsum Hussain LVN	Back: Christi Shipman LVN	Back: Staci Silicato LVN
	Treatment Nurse: "o" Karah Esmeralda Ramos LVN	
CNA	CNA	CNA
Group 1 Amber Branham	Alejandra Tolentino	Anita Pacheco
Group 2 Sarah Garcia	Coliett Collins	Monica Romero
Group 3 Manuel Fernandez	Sharnal Daniels	Reatha Gadsden
Group 4 Isabelle Vasquez	Priscilla Howser	Gina Pauls
Group 5 Sarah Johnson	Alma Torres Ct	Maria Saldana
Group 6 Guadalupe Hernandez	Celeste Tapia	Ashley McAuliffe

RNA	MDS	Extra
Judy Villareal	Celena Oneal LVN	Diane Scott LVN
Petra Molina	Marylin Lopez LVN	Isabel Palomo RN
Catrina Jimenez	Veronica Garcia	

PM Shift

Station 1	Station 2	Station 3
Medicare Nures:Lupe Ramos LVN	4-9 nurse:Vince Peters LVN	
CNA	CNA	CNA
Group 1 Teresas 4-11)	Tawny Mahan	Shorh Balang
Group 2 Marissa Valdez	Eetong Saesee	Lucy Mendoza
Group 3 Jeremy Tompkins	Oscar Zavala	Rachel Oseguera
Group 4 Jose Castellanos	Unique Sims	Alyssa Solino
Group 5		
4:00-8:00 PM- ´	4:00-8:00 PM- Art Alcantar	4:00-800 PM-

D: 11 (st3)

Noc Shift	Priscilla Medina LVN	,
Station 1	Station 2	Station 3
Joceylne Colin RN'o'kellyn	Michelle Tello LVN	Bianca DeGiorgio RN
CNA will acci	CNA	CNA
Group 1 Tina Castellano	Karley Alcantar	Eesen See
Group 2 Elida Notaricola	Pal Kaur	Elijah Rodriguez
Group 3		Kapy PROJU
	Float:	

License Nurse 171.5 + CNA 310.5 = Total Hours 482 / Census 134 = PPD 3.57

Day: Wednesday

Date: April 15, 2015

AM Shift

Station 1	Station 2	Station 3
Front: Angel Gancenia RN	Front: Maria Santillan Lyg" 114	Front: Sofia Pineda LVN
Back: Kulsum Hussain LVN	Back: Gary Lopez LVN'o'karah	Back: Amanda Hanson LVN
	Treatment Nurse: Nancy Lopez LVN	
CNA	CNA	CNA
Group 1 Amber Branham	Alejandra Tolentino	Anita Pacheco(U/(a)/O/
Group 2 Sarah Garcia	Guadalupe HernandezOUNG	Monica Romero
Group 3 Manuel Fernandez	Sharnal Daniels	Reatha Gadsden
Group 4 Isabelle Vasquez	Priscilla Howser	Gina Pauls
Group 5 Sarah Johnson	ALMA TORRES	Maria Saldana
Group 6 Coliett Collins Outla / Oam	Celeste Tapia	Ashley McAuliffe

RNA	MDS	Extra
Judy Villareal Oute/	Celena Oneal LVN	Diane Scott LVN
Petra Molina	Marylin Lopez LVN	Isabel Palomo RN
Catrina Jimenez	Veronica Garcia	
		Esmeralda Ramos LVN

PM Shift

Station 1	Station 2	Station 3
Medicare Nures:Lupe Ramos LVN	4-9 nurse:	
CNA	CNA	CNA
Group 1 Raymond Zamora	Eetong Saesee	Rachel Oseguera
Group 2 Denise Aguilera	Macie Garcia	Shorh Balang
Group 3 Jeremy Tompkins	Betty Trujillo	Alyssa Joleno
Group 4 Jose Castellanos	Oscar Zavala	Jennifer Rodrigues
Group 5		
4:00-8:00 PM- Teresa Jimenez	4:00-8:00 PM- Michael Ortiz	4:00-800 PM-7

Noc Shift Station	Priscilla Medina LVN	Station 3
Rosa Lewis RN' kellyn	Michelle Tello LVN	Jocelyne Colin RN
CNA	CNA	CNA
Group 1 Tina Castellano'o'roque	Karley Alcantar	Eesen See
Group 2 Elida Notaricola	Pal Kaur 'o'teresa	Maria Garcia
Group 3		
	Float:	

License Nurse 194 + CNA 312 = Total Hours 566 / Census: 133 = PPD 3.00

Day: Thursday

Date: April 16,2015

AM Shift

Station 1	Station 2	Station 3
Front: James Ornerlas LVN	Front: Staci Silicato LVN	Front: Soifa Pineda LVN
Back: Veronica Vasquez LVN	Back: Gary Lopez LVN	Back: Marissa Torres RN
7.	Treatment Nurse: Nancy Lopez LVN	
CNA	CNA	CNA
Group 1 Amber Branham ( ) ()(III)	Cecilia Carabay	Rebecca Contales— Anita Pacheco
Group 2 Angel Thompson	Alejandra Tolentino	Anita Pacheco
Group 3 Manuel Fernandez	Lina Hernandez	Gina Pauls (U)
Group 4 Phil Miska	Sharnal Daniels () (1)	Marta Ortega
Group 5 Sarah Johnson	Alma Torres	Monica Romero
Group 6 Martha Rivera	Monica Goznales	Ana Rosales

RNA	MDS	Extra
Petra Molina	Celena Oneal LVN	Diane Scott LVN
Patricia Quevedo	Marylin Lopez LVN	Isabel Palomo RN
Sherul Rivera	Veronica Garcia	
		Esmeralda Ramos LVN

PM Shift

Station 1 8'	Station 2	Station 3
Medicare Nures: Chrisit Shipman lvn	4-9 nurse:Charla Rising LVN	
CNA	CNA	CNA
Group 1 Raymond Zamora	Eetong Saesee	Shandra Valencia
Group 2 Maria Ponce	Macie Garcia	Shorh Balang Denise
Group 3 Jeremy Tompkins 'o'rebeka	Betty Trujillo	Irene Ontiveroz
Group 4 Art Alcantar 2-8	Oscar Zavala	Dawn Forester
Group 5		
4:00-8:00 PM- Michael Ortiz	4:00-8:00 PM-	4:00-800 PM-

Noc Shift

Station I	Station 2	Station 3
Rosa Lewis RN	Michelle Tello LVN'o'kellyn	Nathan Grant LVN
CNA	CNA	CNA
Group 1 Ana Pena	Gina Aguirre'o'roque	Elijah Rodriguez
Group 2 Elida Notaricola	Pal Kaur 'o'teresa	Maria Garcia
Group 3		
	Float:	

License Nurse 16 + CNA 315 = Total Hours 491/Census: 134 = PPD 3.66

Day: Friday

Date: April 17,2015

AM Shift

Station 1	Station 2	Station 3
Front: Eesin Seechan RN	Front: Abel Gonzales LVN	Front: Staci Silicato LVN
Back: YOU'NTO VOSQUEL LVIV	Back: Gary Lopez LVN'o'lily	Back: Marissa Torres RN
1010 III.	Treatment Nurse: Esmeralda Ramos LVN	
CNA	CNA	CNA
Group 1 Amber Branham	Cecilia Carabay	Rebecca Gonzalez
Group 2 Angel Thompson	Alejandra Tolentino	Catrina Jimenez
Group 3 Manuel Fernandez Willow	Lina Hernandez	Gina Pauls
Group 4 Phil Miksa	Sharnal Daniels	
Group 5 Sarah Johnson	Alma Torres (1) (1)	Margarita Quintero
Group 6 Martha Rivera	Monica Gonzlaes	Ana Rosales

RNA	MDS	Extra
Sheryl Rivera (2) [A1]	Celena Oneal LVN	Diane Scott LVN
Petra Molina	(Marylin Lopez LVN AL)	Isabel Palomo RN
Patricia Quevedo	Veroncia Garcia	

PM Shift

Station 1	Station 2 5-10	Station 3
Medicare Nures: CYUNA RISMAWN	James Ornelas	
CNA	CNA	CNA
Group 1 Maria Ponce	Tawny Mahan	Shandra Valencia
Group 2 Raymond Zamora	Macie Garcia	Shorh Balang
Group 3 Jeremy Tompkins'o'rebeka	Betty Trujillo	Irene Ontiveroz
Group 4 Lu Vang	Lucy Mendoza	Jennifer Rodrigues
Group 5		
4:00-8:00 PM-	4:00-8:00 PM- Michael Ortiz	4:00-800 PM-

Noc Shift

Station 1	Station 2	Station 3
Nathan Grant LVN	Denise Kaundart LVN	Bianca DeGiorgio RN
CNA	CNA	CNA
Group 1 Ana Pena	Gina Aguirre'o'roque	Blijah Rodriguez
Group 2 Elida Notaricola	Pal Kaur	Maria Garcia
Group 3 Unique Sims		
	Float:	110.00

License Nurse 159.5 CNA 313.6 =Total Hours 473 / Census: 132 =PPD 358

Date: April 18,2015

#### AM Shift

Station 1	Station 2	Station 3
Front: Eesen Seechan RN	Front: Abel Gonzales LVN	Front: Vince Peters LVN
Back: Charla Rising LVN	Back: Napha See RN	Back: Francisco Corvera LVN
	Treatment Nurse: Nancy Lopez LVN W12	
CNA	CNA	CNA
Group 1 Angel Thompson	Cecilia Carabay (1)	Rebecca Gonzalez
Group 2 Sarah Garcia	Guadalupe Hernandez	Monica Romero
Group 3 Phil Miksa (W)	Lina Hernandez	Reatha Gadsden
Group 4 Isabelle Vasquez (1)	Priscilla Gutierrez	Jackie Freeman W 103
Group 5 Monica Gonzlaes	Patricia Quevedo	Maria Saldana
Group 6 Martha Rivera	Celeste Tapia	Ana Rosales
Art Alcantar	Marta Ortega	Margarita ()

Art Alcantar	Marta Ortega	Margarita Q
RNA	MDS	Extra
Sheryl Rivera		Linda Heigman 6-11
Judy Villareal		
Catrina Jimenez		

## PM Shift

Station 1	Station 2	Station 3
Medicare Nures:Lupe Ramos LVN	5-10 nurse:Ron Ericson RN	
CNA	CNA	CNA
Group 1 Marissa Valdez	Tawny Mahan	Shandra Valencia
Group 2 Maria Ponce	Macie Garcia	Rachel Oseguera
Group 3 Jose Castellano	Betty Trujillo	Irene Ontiveroz
Group 4 Lu Vang'o'rebeka	Oscar Zavala	Teresa 11 minez
Group 5		
4:00-8:00 PM- Teresa Jimenez	4:00-8:00 PM- Michael Ortiz	4:00-800 PM-
		Loriann Miller

## Noc Shift

Station 1	Station 2	Station 3
Amber Marshall RN	Denise Kaundart LVN	Amanda Hanson LVN
CNA	CNA	CNA
Group 1 Ana Pena	Karley Alcantar	Elijah Rodriguez
Group 2 Tina Castellnaos	Gina Aguirre	Eesen See C L
Group 3Maria Garcia	Unique Sims	
	Float:	

License Nurse  $\frac{124.5}{4}$  + CNA  $\frac{350.5}{2}$  Total Hours  $\frac{4175}{2}$  Census:  $\frac{131}{2}$  = PPD  $\frac{3.62}{2}$ 

Day: Sun

Date: April 19 2015

#### AM Shift

Station 1	Station 2	Station 3
Front: Eesein Seechan RN	Front: Abel Gonzales LVN	Front: Vince Peters LVN
Back: Charla Rising LVN	Back: Napha See RN	Back: Kellyn Shuster LVN
	Treatment Nurse: Nancy Lopez LVN	
CNA	CNA	CNA
Group 1 Angel Tompson	Cecilia Carabay	Rebecca Gonzalez
Group 2 Sarah Garcia	Guadalupe Hernandez	Patricia Quevedo
Group 3 Phil Miska	(Lina Hernandez)	Reatha Gadsden
Group 4 Isabelle Vasquez	Priscilla Howser	Jackie Freeman
Group 5 Monica Goznalez	Alejandra Tolentino	Maria Saldana
Group 6 Martha Rivera	Celeste Tapia	Ana Rosales

larta Ortega		Margarita Q
RNA	MDS	Extra
Sheryl Rivera		
Judy Villareal		
Catrina Jimenez		

#### PM Shift

Station 1	Station 2	Station 3
Medicare Nures:Lupe Ramos LVN	5-10 nurse:Ron Ericson RN	
CNA	CNA	CNA
Group 1 Marissa Valdez	Tawny Mahan	Shandra Valencia
Group 2 Maria Ponce	Eetong Saesee (140)	Rachel Oseguera
Group 3 Jose Castellanos	Dawn Forester	Irene Ontiveroz
Group 4 Lu Vang 'o'rebeka	Bety Truillo	Jimmy Ronquillo2-8
Group 5		
4:00-8:00 PM- Teresa Jimenez	4:00-8:00 PM-	4:00-800 PM-

Noc Shift

Muthaux Station 1	Station 2	Station 3
Densie Kaundart LVN'o'lily	Amanda Hanson LVN	Bianca DeGiorgio RN
CNA	CNA	CNA
Group 1 Ana Pena	Gina Aguirre'o'teresas	Elijah Rodriguez
Group 2 Tina Castellanos	Karley Alcantar	Eescn See
Group 3Kapu Saesee		
	Float:	

License Nurse 36 + CNA 32 = Total Hours 468 - Census: 130 = PPD 3, 10

Filed: 12/11/2017 Page 216 of 250

Day:\_ MON

Date: April 20,2015

#### AM Shift

Station 1	Station 2	Station 3
Front: Angel Gancenia RN	Front: Maria Santillan LVN	Front: Vince Peters LVN
Back: Chrisit Shipman LVN	Back: Napha See RN	Back: Kellyn Shuster LVN
·	Treatment Nurse:	
	Esmeralda Ramos LVN	
CNA	CNA	CNA
Group 1 Amber Branham	Alejandra Tolentino	Coliett Collins
Group 2 Art Alcantar	Guadalupe Hernandez Ch	Monica Romero
Group 3 Manuel Fernandez	Sharnal Daniels	
Group 4 Isabelle Vasquez	Priscilla Howser	Gina Pauls
Group 5 Sarah Johnson	Alma Torres	Maria Saldana
Group 6	Celeste Tapia ( 73)	Maria Santillan C/Z

RNA	MDS	Extra
Judy Villareal	Celena Oneal LVN	Diane Scott LVN
Petra Molina	Marylin Lopez LVN	Isabel Palomo RN
Reatha Gadsden	Veronica Garcia	

#### PM Shift

Station 1	Station 2	Station 3
Medicare Nures:Lupe Ramos LVN	4-9 nurse:Michelle Tello LVN	Eesin Seechan RN 4-9 C/O
CNA	CNA	CNA
Group 1 Denise Aguilera	Tawny Mahan	Shorh Balang
Group 2 Marissa Valdez	Eetong Saesce	Rachel Oseguera
Group 3 Jeremy Tompkins	Maul Garcia CII	Dawn Forester
Group 4 Jose Castellanos	Oscar Zavala	Jennifer Rodrigues
Group 5		
4:00-8:00 PM- Teresa Jimenez	4:00-8:00 PM-	4:00-800 PM- RAYMONY TYMNA

(St/)
Priscilla Medina LVN'o'lily Noc Shift

Station 1	Station 2	Station 3
Jocelyne Colin RN X//	Amanda Hanson LVN	Bianca DeGiorgio RN
CNA	CNA	CNA
Group 1 Tina Castellanos 'o'teresa	Karley Alcantar	Eesen See
Group 2 Elida Notaricola	Unique Sims	Kapu Saesee 'o'roque
Group 3		•
	Float:	

License Nurse  $\frac{160}{100} + \text{CNA} = \frac{286}{100} = \text{Total Hours} = \frac{146}{100} + \frac{130}{100} = \frac{$ 

Day: Tuesday

Date: April 21,205

## AM Shift

Station 1	Station 2	Station 3 C7
Front: Angel Gancenia RN	Front: Maria Santillan LVN	Front: Sofia Pineda LVN
Back: Kulsum Hussain LVN (W)	Back: Christi Shipman LVN	Back: Staci Silicato LVN
Seanne 11-1870 1021111	Treatment Nurse:	11.8
KIMES DITLEVIS 130 FO	Esmeralda Ramos LVN	
CNA	CNA	CNA
Group 1 Amber Branham	Alejandra Tolentino	Anita Pacheco
Group 2 Sarah Garcia	lina Hernandez	Monica Romero
Group 3 Manuel Fernandez	Sharnal Daniels	Reatha Gadsden
Group 4 Isabelle Vasquez	Priscilla Howser	Gina Pauls
Group 5 Sarah Johnson	Alma Torres	Maria Saldana
Group 6	Celeste Tapia	Coliett Collins

RNA	MDS	Extra
Judy Villareal	Celena Oneal LVN	Diane Scott LVN
Petra Molina	Marylin Lopez LVN	Isabel Palomo RN
Catrina Jimenez		

PM Shift

Station 1	Station 2 (XYINOY)	Station 3
Medicare Nures:Lupe Ramos LVN	Station 2 (XYIDOY)  (4-9 nurse: Vince Peters LVN)	
CNA	CNA	CNA
Group 1 Kaymond Tomora Group 2 Marissa Valdez	Eetong Saesee	Shorh Balang
	Macie Garcia	Rachel Oseguera
Group 3 Jeremy Tompkins	Betty Trujillo	Dawn Forester
Group 4 Jose Casellanos	Oscar Zavala	Jennifer Rodrigues
Group 5		
4:00-8:00 PM- Teresa Jimenez	4:00-8:00 PM- Michael Ortiz	4:00-800 PM-
		JESSICA ROjas

Noc Shift

## Priscilla Medina LVN

Station 1	Station 2	Station 3
Jocelyne Colin RN	Michelle Tello LVN	Bianca DeGiorgio RN
CNA	CNA	CNA
Group 1 Tina Castellano'o'roque	Karley Alcantar	Eesen See'o'teresa
Group 2 Elida Notaricola	unique Sims	Maria Garcia
Group 3		
	Float:	

License Nurse 163 + CNA 3/2 = Total Hours 476 / Census 133 = PPD 35

PLUM - Westgate Gardens Care Center - Tuesday August 30 2016 - Census: 137

MDS Total Assigned 2.0 : Total House - A:2.0 - R:1.0	and the first technical property of the second of a product of WATCHARD CONTRACT CONTRACT	Wheeler Devote	
C' ft: 6a-2p	Lopez, Nancy	Wheeler, Pamela	J
Total Assigned 1.0 : Total	Required 1.0	the single control of the second section of the second	
House - A:1.0 - R:1.0	Villarreal, Judy M.		T
Shift: 6a-2:15p	Villarical, Judy W.		A
CNA Total Assigned 18.0 : Total	Required 19.0		
1:1 - A:1.0 - R:1.0	STORY OF STREET STREET,	04kg,	Y
St 1 - A:5.0 - R:6.0	Bobadilla, Joshua	Fernandez, Manuel	García, Sarah
	Torres, Alma	Vasquez, Isabelle A.	
St 2 - A:6.0 - R:6.0	Alcala, Mayanin	Branham, Amber	Howser, Priscilla
	Pena Garcia, Ana	Tapia, Celeste	Tapia, Isela
St 3 - A:6.0 - R:6.0	Dever, Jennifer	Gadsden, Reethard MO.M.	Gainey, Anna
	Hernandez, Yadira	Ortega, Marta	Romero, Monica
Shift: 6a-6:30p	Tremandez, radira	Onega, Maria	Romero, Monica
Nurse Total Assigned 9.0 : Tota	Required 6.0		
Orientation - A:2.0 - R:0.0	Miller, LoriAnn	, Sanchez, Savannah	L
St 1 - A:3.0 - R:2.0	Cha, Jeanne	O Dell, Dulce	Vasquez, Veronica
St 2 - A:2.0 - R:2.0	Smith, Lisa R.	Weddle, Lindsey	Traduct, Varonia
St 3 - A:2.0 - R:2.0	Santillan, María		The second secon
Shift: 8:30a-4:30p	Santillan, Mana	Shipman, Christi	
RNA Total Assigned 1.0 : Total	Required 1.0		
louse - A:1.0 - R:1.0	Rivera Carrillo, Martha L.		1
Shift; 8:30a-5p	h Torona Canno, Manna Li		F
ADON Total Assigned 2.0 : Total	al Required 2.0		
-louse - A:2.0 - R:2.0	Ramos, Guadalupe	Scott, Linda	The second second second second
3 Total Assigned 1.0 : Total			
House - A:1.0 - R:2.0	O'Neal, Celena		
Nurse Total Assigned 1.0 : Tota			
Medicare - A:1.0 - R:1.0	Rising, Charla	**************************************	
	1 1.0 : Total Required 1.0		
House - A:1.0 - R:1.0	Ramos, Esmeralda		The state of the s
Shift: 10a-6p			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
RNA Total Assigned 1.0 : Total	Required 1.0		
louse - A:1.0 - R:1.0	Gonzales, Monica M.	THE RESIDENCE OF THE PROPERTY	
Shift: 2p-10:15p			No. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
CNA Total Assigned 14.0 ; Tota	Required 13.0		
I:1 - A:1.0 - R:1.0	Xaivong, Somohith		
St 1 - A:5.0 - R:4.0	Gutierrez, Priscilla	Marquez, Beatriz	McIntosh, Marissa
	Tompkins, Jeremy	Zamora, Raymond	- Company of the Comp
St 2 - A:4.0 - R:4.0	Ayers, Brad	Hernandez, Lucy	Mathews, Wanda F.
	Seechan, Sheila	4	
St 3 - A:4.0 - R:4.0	Bustamante, Stephanie	Enas, Lanora	Fontanilla, Marie Ellaine
	Rangel, Raquel		
Shift: 4p-8p			
NA - Total Assigned 3.0 : Total	Required 3.0		
louse - A:3.0 - R:3.0	Leon, Aurelia	Ramos, Rosamaria	See, Eesen
			The second secon



Shift: 6p-6:30a	the second contract of	M - Westgate Gardens Care Center	r - Tuesday August 30 2016 - Census:
Nurse Total Assigned 5.0:	Total Required 4.0		
St 1 - A:3.0 - R:2.0	Guzman, Gabriela	Maglinte, Karizza	Rosales, Christina
St 2 - A:1.0 - R:1.0	Tello, Michelle	THE PERMIT HIS ASSESSMENT OF THE PERMIT HERE	
3 - A:1.0 - R:1.0	Kaundart, Denise		
ıııft: 10p-6:15a			
CNA - Total Assigned 9.0 : To	otal Required 7.0		
1:1 - A:1.0 - R:1.0	Sawatsky, Lisa		
St 1 - A:2.0 - R:2.0	Bartlett-Jones, Cortney	Notarnicola, Elida S.	THE THE PARTY OF T
St 2 - A:4.0 - R:2.0	Aguirre, Gina	Alva, Tracie	Rodriguez, Amber
	Velasco, Niomie		
St 3 - A:2.0 - R:2.0	Howell, Maggie	Llamas, Christina	

NUISC 217 CNa 339,5 total 5565 Census 138 PPD 4.03

Document #1708342

Filed: 12/11/2017 Page 220 of 250

PLUM - Westgate Gardens Care Center - Wednesday August 31 2016 - Census: 135 Shift: 3:30a-7:30a MDS -- Total Assigned 1.0 : Total Required 1.0 House - A:1.0 - R:1.0 Wheeler, Pamela C'-ift: 6a-2p 4 -- Total Assigned 1.0: Total Required 1.0 House - A:1.0 - R:1.0 Villarreal, Judy M. Shift: 6a-2:15p CNA -- Total Assigned 18.7: Total Required 19.0 1:1 - A:1.0 - R:1.0 Basurto, Gabriela Lo-St 1 - A:5.7 - R:6.0 Fernandez, Manuel (06:00AM -Garcia, Sarah (10:15 (snacks)) 4 Bobadilla, Joshua (10:45) 11:30AM) Deathat Vasquez, Isabelle A. (10:45 TA) 4 9:45) Torres, Alma (10:15 DR) St 2 - A:6.0 - R:6.0 Alcala, Mayanin (9:45 TA) Branham, Amber (10:45) 5 Howser, Priscilla (10:15 snacks) 4 Cynthia (Pena Garcia, Ana (10:45 ACT) Tapia, Celeste (9:45) 3 Tapia, Isela (10:15 DR) / St 3 - A:6.0 - R:6.0 Andres Domingo, Maria (9:45) 4 Dever, Jennifer (10:15 (snacks)) Marta Ortega (10:45 DR) 3 Gainey, Anna (10:15 59A) Vang, Lu (10:45) Romero, Monica (9:45) eronica Shift: 6a-6:30p Nurse - Total Assigned 9.0: Total Required 6.0 Orientation - A:2.0 - R:0.0 Johnson, Angeline St 1 - A:3.0 - R:2.0 Sanchez, Savannah ('o' with-Olmos, Diane (back) OFF Pulido, Hilda (front) -diane) Back St 2 - A:2.0 - R:2.0 Vasquez, Veronica Smith, Lisa R. St 3 - A:2.0 - R:2.0 Rising, Charla (back) Santillan, Maria (front) Shift: 8:30a-4:30p RNA -- Total Assigned 1.0: Total Required 1.0 House - A:1.0 - R:1.0 Rivera Carrillo, Martha L. Shift: 8:30a-5p N - Total Assigned 2.0: Total Required 2.0 House - A:2.0 - R:2.0 Scott, Linda Ramos, Guadalupe MDS -- Total Assigned 1.0: Total Required 2.0 House - A:1.0 - R:2.0 O'Neal, Celena Nurse -- Total Assigned 0: Total Required 1.0 Medicare - A:0.0 - R:1.0 Treatment Nurse -- Total Assigned 2.0: Total Required 2.0 House - A:2.0 - R:2.0 Ramos, Esmeralda Aceves, Noelia Shift: 10a-6p RNA -- Total Assigned 1.0: Total Required 1.0 House - A:1.0 - R:1.0 Gonzales, Monica M. Shift: 2p-10:15p CNA -- Total Assigned 14.0 : Total Required 13.0 Amber (6-10) FF Oabrela 2630 1:1 - A:1.0 - R:1.0 Xalvong, Somehith 8 St 1 - A:5.0 - R:4.0 Gutierrez, Priscilla Marquez, Beatriz (6:30 TA) 4 McIntosh, Marissa (5:45) (6:15(snacks)) Tompkins, Jeremy (6:45) / Zamora, Raymond 5 -Ayers, Brad (6:15 snacks) 4 Hernandez, Lucy (6:45 TA) Peralta, Yesenia (5:45) / St 2 - A:4.0 - R:4.0 Trujillo, Betty (6:30) St 3 - A:4.0 - R:4.0 Fontanilla, Marie Ellaine ... (Enas, Lanora (6:45 59A) 40 ( Bustamante, Stephanie (6:15) (5:45) 4 Rangel, Raquel (6:30) Shift: 4p-8p -- Total Assigned 3.0: Total Required 3.0 Ramos, Rosamaria (ST 1 DR) Ortiz, Michael (ST 2 ACT) House - A:3.0 - R:3.0 Leon, Aurelia (ST 3 DR)

Shifa: 6p-6:30a	PLUM - Wo	stgate Gardens Care Center - Wed	lnesday August 31 2016 - Census: 13.
Nurse Total Assigned 5.0:	Total Required 4.0	T. Harman	
St 1 - A:3.0 - R:2.0	Beglau, Leah	Guzman, Gabriela	Rosales, Christina
St 2 - A:1.0 - R:1.0	Tello, Michelle		
11 3 - A:1.0 - R:1.0	Kaundart, Denise		
.uft: 10p-6:15a			
CNA Total Assigned 9.0 : T	otal Required 7.0		
1:1 - A:1.0 - R:1.0	Sawatsky, Lisa		
St 1 - A:3.0 - R:2.0	Bartlett-Jones, Cortney (2:00)	Notarnicola, Elida S. (2:30)	Rodriguez, Amber (Float ST 2&3 2:45)
St 2 - A:3.0 - R:2.0	Aguirre, Gina (2:30)	Alva, Tracie (2:00)	Velasco, Nlomie ('o' with gina)
St 3 - A:2.0 - R:2.0	Howell, Maggie (2:00)	Llamas, Christina (2:30)	

Nurse\_1795 CNa 341.25 total\_520.75 Census\_138 PPD 3.77

Filed: 12/11/2017 Page 222 of 250

ON CUIT Supe (23-7590)

Shift: 3:30a-7:30a			NOW WARRY WAS JULY THE TO THE WAY TO THE
MDS - Total Assigned 1.0 : Total	A COMMENT OF THE PARTY OF THE P	Annahaman ( ) a transmission of the same o	
House - A:1.0 - R:1.0	Wheeler, Pamela	THE COMP IS NOT AND ADDRESS OF THE PURPLE OF	
ft: 6a-2p	15 1 110		
KNA Total Assigned 1.0 : Total		Y	
House - A:1.0 - R:1.0	Rivera, Sheryl	F.	Antes ( ) ( ) ( )
Shift: 6a-2:15p CNA Total Assigned 19.0 : Tot	fol Possifred 10.0		
1:1 - A:1.0 - R:1.0		<del>(</del>	
	Basurto, Gabriela	2	
St 1 - A:6.0 - R:6.0	Andres Domingo, Maria 3	Brown, Adrie'Anna 2	Fernandez, Manuel /
	Miska, Phillip 6	Saldana, Maria 4	Torres, Alma 5
St 2 - A:6.0 - R:6.0	Alvarado, Jalissa /	Branham, Amber 5	Carabay, Cecilia 3
	Hernandez, Lina	Howser, Priscilla 4	Tapia, Isela 2
St 3 - A:6.0 - R:6.0	Bobadilla, Joshua 3000	Dever, Jennifer 2	Foerster, Dawn 5
	Gonzalez, Rebecca /	Hernandez, Yadira	Pacheco, Anita I.
Shift: 6a-6:30p			
lurse Total Assigned 9.0 : Total	tal Required 7.0		
Orientation - A:2.0 - R:0.0	Johnson, Angeline ('o'with lisa)	Johnson, Berta ('o' with veronica	
St 1 - A:3.0 - R:3.0	Corrales, Veronica Malare	Pulido, Hilda	Vasquez, Veronica
St 2 - A:2.0 - R:2.0	Shipman, Christi	Smith, Lisa R.	
St 3 - A:2.0 - R:2.0	Anderson, Ashley	Santillan, Maria	
Shift: 8:30a-4:30p	- H. 21000000000000000000000000000000000000		
NA Total Assigned 1.0 : Total	al Required 1.0		
louse - A:1.0 - R:1.0	Rosales, Ana		
hift: 8:30a-5p	Harmon Section Section 1		
ON - Total Assigned 2.0 : To	otal Required 2.0		
Juse - A:2.0 - R:2.0	Ramos, Guadalupe	Scott, Linda	
IDS - Total Assigned 2.0 : Total			
louse - A:2.0 - R:2.0	O'Neal, Celena	Rising, Charla	
lurse Total Assigned 0 : Tota	The second state of the se		
Medicare - A:0.0 - R:1.0	7.149		
reatment Nurse Total Assign	ed 2.0 : Total Required 2.0		
louse - A:2.0 - R:2.0	Aceves, Noelia	Ramos, Esmeralda	
Shift: 10a-6p			
RNA - Total Assigned 1.0 : Total	al Required 1.0		
louse - A:1.0 - R:1.0	Rivera Carrillo, Martha L.		
Shift: 2p-10:15p	El contra de la contra del la contra de  la contra de la contra del la contra de la contra de la contra del la contra del la contra de la contra del la contra		
NA - Total Assigned 14.0 : To	tal Required 13.0		
:1 - A:1.0 - R:1.0	Valdez, Marissa	A SHIP OF THE PARTY OF THE PART	
St 1 - A:5.0 - R:4.0	McIntosh, Marissa 3	Ontiveroz, Irene 4	Ponce, Maria 2
	Tompkins, Jeremy /	Zamora, Raymond 5	
St 2 - A:4.0 - R:4.0	Ayers, Brad 4	Hernandez, Lucy /	Peralta, Yesenia 7
	Trujillo, Betty 3	The state of the s	
t 3 - A:4.0 - R:4.0	Bustamante, Stephanie 2	Fontanilla, Marie Ellaine4	Montejano, Cynthia 3
· · · · · · · · · · · · · · · · · · ·	Valencia, Shandra L. /		
Shift: 4p-8p	Tanana Gilliana L.		W
CNA Total Assigned 3.0 : Total	al Required 3.0		HE SHEET TO VE
louse - A:3.0 - R:3.0	Leon, Aurelia (ST 3 DR)	Ortiz, Michael (ST 2 ACT)	See, Eesen (ST 1 DR)
	II meaning and tank a 2.7 A	A to approve the contract of t	
t: 6p-6:30a			

Shift: 6p-6:30a	PLUM - Westgate Gardens Care Center - Thursday September 01 2016 - Census: 13		
St 1 - A:3.0 - R:2.0	Davalos, Mrisol ('o' with michelle)	Grayson, Linda	Tello, Michelle
St 2 - A:1.0 - R:1.0	Acosta, IvyJoy		**************************************
3 - A:1.0 - R:1.0	Galvan, Angela (12:00AM - 06:30AM)	Kaundart, Denise (06:00PM - 12:30AM)	
Shift: 10p-6:15a	The state of the s		
CNA Total Assigned 9.0: T	otal Required 7.0		
1:1 - A:1.0 - R:1.0	See, Cha		**************************************
St 1 - A:2.0 - R:2.0	Lopez, Stephanie	Notarnicola, Elida S.	
St 2 - A:3.0 - R:2.0	Alva, Tracle	Cox, Casey	Velasco, Niomie ('o' with tracie)
St 3 - A:3.0 - R:2.0	Fowler, Cheyenne ('o' with jessica)	Llamas, Christina	Rodriguez, Jessica

Nurse 205 Cna351.15 total 5565 Census 138 PPD 4.63

USCA Case #17-1191 Document #1708342 Filed: 12/11/2017 Page 224 of 250

PLLIM - Westgate Gardens Care Center - Friday September 02 2016 - Census: 137

Shift: 3:30a-7:30a	, com Woodgato	Gardens Care Center - Friday Sep	0011000. 101
MDS - Total Assigned 1.0 : Total	Required 1.0		
House - A:1.0 - R:1.0	Wheeler, Pamela		
ft: 6a- <b>2</b> p			
A Total Assigned 1.0 : Total	Required 1.0		
House - A:1.0 - R:1.0	Rivera, Sheryl		
Shift: 6a-2:15p	Live Camping State Control of Control		- 4
CNA Total Assigned 18.0 : Total	Required 19.0		
1:1 - A:1.0 - R:1.0	Basurto, Gabriela 6-630		
St 1 - A:5.0 - R:6.0	Andres Domingo, Maria	Brown, Adrie'Anna	Miska, Phillip
	Saldana, Maria	Torres, Alma	
St 2 - A:6.0 - R:6.0	Alvarado, Jalissa	Branham, Amber	Carabay, Cecilia
	Hernandez, Lina ACT	Howser, Priscilla	Tapia, Isela
St 3 - A:6.0 - R:6.0	Bobadilla, Joshua	Foerster, Dawn	Gonzalez, Rebecca
31 3 71.0.0	Orlega, Maria	Pacheco, Anita I.	Valdez, Marissa
Shift: 6a-6:30p	Ortega, Maria	1 doneso, randa	values, money
Nurse Total Assigned 8.0 : Tota	Required 7.0		
Orientation - A:2.0 - R:0.0		Johnson, Berta	114/10/2
	Silicato, Staci	Vasquez, Veronica	Jeanne Cha
St 2 - A:2.0 - R:2.0			Occume CI LI
	Angeline Johnson	Smith, Lisa R.	
St 3 - A:2.0 - R:2.0	Diaz, Audriana	Santillan, Maria	
Shift: 8:30a-4:30p			
RNA - Total Assigned 1.0 : Total		My The state of th	T
louse - A:1.0 - R:1.0	Rosales, Ana	1	
Shift: 8:30a-5p	15 1 100		
ADON Total Assigned 2.0 : Total	The state of the s		The same of the same state of the same
ise - A:2.0 - R:2.0	Ramos, Guadalupe	Scott, Linda	
S - Total Assigned 1.0 : Total			parameter in the second
House - A:1.0 - R:2.0	O'Neal, Celena		
Nurse Total Assigned 0 : Total I	Required 1.0		
Medicare - A:0.0 - R:1.0	303		L.,
Freatment Nurse Total Assigned	d 1.0 : Total Required 1.0		All the second s
House - A:1.0 - R:1.0	Ramos, Esmeralda		<u> </u>
Shift: 10a-6p			
RNA Total Assigned 1.0 : Total	Required 1.0		William Company of Carlo
House - A:1.0 - R:1.0	Rivera Carrillo, Martha L.		<u> </u>
Shift: 2p-10:15p	Mary III BY 1420 STOLEN TO THE STOLEN STOLEN	Mr. Martin Co.	
CNA Total Assigned 12.0 : Total		12	The second second second second second
:1 - A:0.0 - R:1.0	gabby26, Amber	6-10	
St 1 - A:4.0 - R:4.0	McIntosh, Marissa	Ontiveroz, Irene	Ponce, Maria
	Tompkins, Jeremy		
St 2 - A:4.0 - R:4.0	Mathews, Wanda F.	Peralta, Yesenia	Seechan, Sheila
	Trujillo, Betty		
St 3 - A:4.0 - R:4.0	Bustamente, Stephanie	Fontanilla, Marie Ellaine	Montejano, Cynthia
	Zamora, Raymond		
Shift: 4p-8p	100000000000000000000000000000000000000		
CNA Total Assigned 3.0 : Total	Required 3.0		
louse - A:3.0 - R:3.0	Leon, Aurelia	Ortiz, Michael	See, Eesen ORT48
Shift: 6p-6:30a			
e - Total Assigned 5.0 : Total	Required 4.0		
Orientation - A:1.0 - R:0.0	Miller, LoriAnn 0	Christina Sonchez	4-9 St
St 1 - A:2.0 - R:2.0	Davalos, Mrisol	Rosales, Christina	

Filed: 12/11/2017 Page 225 of 250

Shift: 6p-6:30a	PLU	M - Westgate Gardens Care Center	- Friday September 02 2016 - Census: 137
St 2 - A:1.0 - R:1.0	Fowler, Richard		
St 3 - A:1.0 - R:1.0	Galvan, Angela		
Shift: 10p-6:15a 'A - Total Assigned 10.0:	Total Required 7.0		
1:1 - A:1.0 - R:1.0	See, Cha	1	
St 1 - A:3.0 - R:2.0	Lopez, Stephanie	Notarnicola, Elida S.	
St 2 - A:3.0 - R:2.0	Alva, Tracle	Cox, Casey	Velasco, Niomie
St 3 - A:3.0 - R:2.0	Fowler, Cheyenne	Llamas, Christina	Rodriguez, Jessica

NUISC 1825 CNa33375 total 516 census 138 PPD 3.73

Filed: 12/11/2017

Page 226 of 250 3/0-1058

PLUM - Westgate Gardens Care Center - Saturday September 03 2016 - Census: 138

Dever, Jennifer Cna-H called off for 6:00 am to 2:15 pm 1:1 CNA shift

Shift: 6a-2p 'A Total Assigned 2.0 : Total	Required 1.0		THE PROPERTY OF VIOLENCES
use - A:2.0 - R:1.0	Rivera, Sheryl	Villarreal, Judy M.	
Shift: 6a-2:15p	1 (11/3/3, 0/10/)		Land the second second
CNA Total Assigned 17.0: Total	Required 19.0		
1:1 - A:1.0 - R:1.0	Clark, Sophia	A SAN THE REAL PROPERTY OF THE	Catalogue Sanda and an annual state of the sanda and
St 1 - A:6.0 - R:6.0	Brown, Adrie Anna	Gadsden, Reatha J	Hernandez, Lina
	Saldana, Maria	Vasquez, Isabelle A. ACT	Willems, Brittany
St 2 - A:5.0 - R:6.0	Alcala, Mayanin	Alvarado, Jalissa	Carabay, Cecilia
	Romero, Monica	Tapia, Celeste	
St 3 - A:5.0 - R:6.0	Garcia, Sarah	Gonzalez, Rebecca	Hernandez, Yadira
	Pacheco, Anita I.	Pena Garcia, Ana	
Shift: 6a-6:30p	and the second s	17 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Nurse – Total Assigned 9.0 : Tota	Required 7.0 1 1 10 10 10	" William	
Orientation - A:2.0 - R:0.0	McDonald, Britany ( 414)	Ramos, James '0 72' 1/11/15	NAME OF THE OWNER OF THE PARTY
St 1 - A:3.0 - R:3.0	Olmos, Diane	Pulido, Hilda	Sanchez, Savannah
St 2 - A:2.0 - R:2.0	Corrales, Veronica	Guinn, Nancy	
St 3 - A:2.0 - R:2.0	Diaz, Audriana	Peters, Vincent	
Shift: 8:30a-4:30p			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
RNA Total Assigned 0 ; Total Re	equired 1.0		
House - A:0,0 - R:1.0	i i		
Shift: 8:30a-5p		The second control of	salah mataza a mata ang ganggan
Nurse Total Assigned 0 : Total F	Required 1.0		للكناب بيها فأنسب ببري وسيما لسابك بماناهم عمرا
Medicare - A:0.0 - R:1.0			
atment Nurse Total Assigned	Control of the second s		TA
use - A:1.0 - R:1.0	Aceves, Noelia		According to the same
Shift: 10a-6p		CONTRACTOR OF THE PROPERTY OF	
RNA Total Assigned 1.0 : Total	4) 11.1		
House - A:1.0 - R:1.0	Gonzales, Monica M.	1 	L.
Shift: 2p-10:15p	[Day lead 42.0		23 S. C.
CNA Total Assigned 13.0 : Tota 1:1 - A:1.0 - R:1.0			Terretaine Comment of the Comment of
and the second s	Bustamante, Stephanie	Address Booking	Onlinera Isana
St 1 - A:4.0 - R:4.0	Gutierrez, Priscilla	Marquez, Beatriz	Onliveroz, Irene
04.0 04.0 0.0	Ponce, Maria	Danie Vacaia	Coochan Choile
St 2 - A:4.0 - R:4.0	Mathews, Wanda F.	Peralta, Yesenia	Seechan, Sheila
010 4.10 0.40	Trujillo, Betty	N. John Continu	Paged Paged
St 3 - A:4.0 - R:4.0	Enas, Lanora	Montejano, Cynthia	Rangel, Raquel
	Valencia, Shandra L.		
Shift: 4p-8p CNA Total Assigned 3.0 : Total	Required 3.0		
House - A:3.0 - R:3.0	Ortiz, Michael 9302	Ramos, Rosamaria SHOC+	See, Eesen SI 3D2.
AND THE RESERVE AND ADDRESS OF THE PARTY OF	1 OTHE, WIGHARD ST. JUNE	Trained, Negariana Of TORT	J. 2001.
Shift: 5p-10p Nurse Total Assigned 1.0 : Tota	l Required 0		
touse - A:1.0 - R:0.0	Ericson, Ronald O	ga mana iku kalabahan mana iku iku sebentah mendelah bentan	The state of the s
Shift: 6p-6:30a	The state of the s		# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Nurse – Total Assigned 4.0 : Tota	Required 4.0		
Orientation - A:1.0 - R:0.0	Miller, LoriAnn 10' WHA COA		
- A:1.0 - R:2.0	Lewis, Rosa		
St 2 - A:1.0 - R:1.0	Fowler, Richard		A STATE OF THE STA
St 3 - A:1.0 - R:1.0	Kaundart, Denise	The state of the s	
The state of the s	and the state of t		

Filed: 12/11/2017 Page 227 of 250

CNA Total Assigned 8.0 : To	AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF		Anderson periodo estado estado en la competitado en la competitada
1:1 - A:1.0 - R:1.0	Basurto, Gabriela	And Annual and the control of the supplemental and	Action to the second se
St 1 - A:2.0 - R:2.0	Bartlett-Jones, Cortney	Lopez, Stephanie	
2 - A:2.0 - R:2.0	Aguirre, Gine	Cox, Casey	
St 3 - A:3.0 - R:2.0	Fowler, Cheyenne 11() N)	Muj ⊢ Howell, Maggie	Rodriguez, Jessica

Nurse\_195 CNa3355 total 515 Census 138 PPD 3.73

10% 10%

USCA Case #17-1191 Document #1708342 Filed: 12/11/2017 Page 228 of 250

Shift: 6a-2p	PEDINI - Wesigate Ga	idens Care Center - Sunday C	september 04 2010 - Census. 13
RNA - Total Assigned 1.0 : Total	Required 1.0		THE V
House - A:1.0 - R:1.0	Rivera, Sheryl	1	
ift: 6a-2:15p	II variation		
CNA Total Assigned 19.0 : Total	al Required 19.0		
1:1 - A:1.0 - R:1.0	anitaPacheco		
St 1 - A:6.0 - R:6.0	Brown, Adrie'Anna	Gadsden, Reatha J	Hernandez, Lina
	Miska, Phillip	Saldana, Maria	Vasquez, Isabelle A.
St 2 - A:6.0 - R:6.0	Alcala, Mayanin	Alvarado, Jalissa	Carabay, Cecilia
	Romero, Monica ACT	Tapia, Celeste	Vang, Lu
St 3 - A:6.0 - R:6.0	Foerster, Dawn	Garcia, Sarah	Gonzalez, Rebecca
	yadıra Herrandez	Pena Garcia, Ana	Willems, Brittany
Shift: 6a-6:30p	- yours remark	Tona Carola, 7 ma	(Amorrio, Crimenty
Nurse Total Assigned 8.0 : Total	al Required 7.0	1	VIII.
Orientation - A:1.0 - R:0.0	Ramos, James Will Will	7	
St 1 - A:3.0 - R:3.0	O Dell, Dulce	Olmos, Diane	Pulido, Hilda
St 2 - A:2.0 - R:2.0	Guinn, Nancy	Weddle, Lindsey	The state of the s
St 3 - A:2.0 - R:2.0			
	Díaz, Audriana	Peters, Vincent	
Shift: 8:30a-4:30p RNA Total Assigned 0 : Total F	Populsed 1.0		y de la companya de l
House - A:0.0 - R:1.0	Noquiled 1.0		Turning -
The second secon			
Shift: 8:30a-5p Nurse – Total Assigned 0 : Total	Paguired 1.0		
Medicare - A:0.0 - R:1.0	Kequired 1.0		
Freatment Nurse Total Assigne	od 1.0 : Total Paguired 1.0		AND THE RESIDENCE
House - A:1.0 - R:1.0	The state of the s	Yes and the second seco	
'ft: 10a-6p	Aceves, Noelía		
NA Total Assigned 1.0 : Total	Required 1.0		No In the second second
House - A:1.0 - R:1.0	Gonzales, Monica M.	1	
Shift: 2p-10:15p	Gonzales, Monica M.		
CNA - Total Assigned 13.0 : Total	al Required 13.0	Affair, and the second of the state of	
1:1 - A:1.0 - R:1.0	Sawatsky, Lisa		
St 1 - A:4.0 - R:4.0	Gutlerrez, Priscilla	Marquez, Beatriz	Ontiveroz, Irene
)(   - M.4.0   M.4.0	Ponce, Maria	Marquez, Deanz	Omitaloz, none
St 2 - A:4.0 - R:4.0	At the state who are	Hornandoz Lucy	Mathews, Wanda F.
Σι Ζ - Μ.4.U = Ν.4.U	Ayers, Brad	Hernandez, Lucy	maniews, waited r.
24.2 A.4.0 D.4.0	Seechan, Sheila	Mantalana Ourth!	Paged Paged
St 3 - A:4.0 - R:4.0	Enas, Lanora	Montejano, Cynthia	Rangel, Raquel
	Valencia, Shandra L.		
Shift: 4p-8p DNA Total Assigned 2.0 : Total	I Positired 2.0	Control of the Contro	JOHN THE STREET, THE SECOND CO.
House - A:2.0 - R:3.0	Ramos, Rosamaria S+10C+	Son Foren Stano	art SIZ DR
	Ramos, Rosamana O7 100	See, Eesell O/ J//	UNI OF LOR
Shift: 6p-6:30a Nurse Total Assigned 5.0 ; Tota	al Required 4.0		REAL TERMINE
Orientation - A:1.0 - R:0.0	Miller, LoriAnn'O'W		Maria Carlo
St 1 - A:2.0 - R:2.0	Lewis, Rosa	Rosales, Christina	
The same of the sa		A COCKIOCI OTHIOLINA	
St 2 - A:1.0 - R:1.0	Fowler, Richard		
St 3 - A:1.0 - R:1.0	Kaundart, Denise		
Shift: 10p-6:15a **\A Total Assigned 8.0 : Total	1 Paguired 7 0		
A SAME AND			
- A:1.0 - R:1.0	See, Cha	Leven Otenhania	
St 1 - A:2.0 - R:2.0	Bartlett-Jones, Cortney	Lopez, Stephanie	
St 2 - A:2.0 - R:2.0	Agulrre, Gina	Cox, Casey	

USCA Case #17-1191

Document #1708342

Filed: 12/11/2017

Page 229 of 250

Shift: 10p-6:15a St 3 - A:3.0 - R:2.0 PLUM - Westgate Gardens Care Center - Sunday September 04 2016 - Census: 138

Fowler, Cheyenne /

Howell, Maggie

Rodriguez, Jessica

Nurse 149.5 cna 337.5 total 487 Census 138 PPD 3.52

16551 Co

29/10

Filed: 12/11/2017 Page 230 of 250

	al Required 1.0	transfer to the second of the	
House - A:1.0 - R:1.0	I	L	L
ift: 6a-2p			
NA Total Assigned 1.0 : Total			
House - A:1.0 - R:1.0	Villarreal, Judy M.		
Shift: 6a-2:15p CNA Total Assigned 16.0 : Tot	tal Bassisad 10.0		
1:1 - A:1.0 - R:1.0			e embori de discussiones especiales en la
	Basurto, Gabriela 6 630		La compression de la compressi
St 1 - A:5.0 - R:6.0	Brown, Adrie'Anna	Foersler, Dawn	Gadsden, Reatha J
	Torres, Alma	Vasquez, Isabelle A	A CONTRACTOR OF THE PROPERTY O
St 2 - A:6.0 - R:6.0	Alcala, Mayanin	Branham, Amber	Howser, Priscilla
EDŽZ NATSCOZONED I A SE SKATVAS MA	Romero, Monica	Tapia, Celeste	Tapia, Isela CICT
St 3 - A:4.0 - R:6.0	Bobadilla, Joshua	Gainey, Anna	García, Sarah
	Pena Garcia, Ana	- anta	
Shift: 6a-6:30p		The second secon	
Nurse Total Assigned 7.0 : Tot			
St 1 - A:3.0 - R:3.0	Corrales, Veronica	O Dell, Dulce	Silicato, Staci
St 2 - A:2.0 - R:2.0	Gonzales, Abel	Weddle, Lindsey	
St 3 - A:2.0 - R:2.0	Peters, Vincent	Shipman, Christi	5" ( Fridklanna)
Shift: 8:30a-4:30p	and the tracking and a strong and a strong and the	water and a section of the section o	
RNA Total Assigned 1.0 : Tota	d Required 1.0	the second secon	
louse - A:1.0 - R:1.0	Rivera Carrillo, Martha L.		Land and the second
Shift: 8:30a-5p			
ADON Total Assigned 2.0 : To	tal Required 2.0		
louse - A:2.0 - R:2.0	, produced to the control of the con	-A-0/-	English said and a state of the said and the said
S - Total Assigned 3.0 : Total	al Required 2.0		
.Juse - A:3.0 - R:2.0		Her - Arts West / Teller Wight Arent	A CONTRACTOR AND
lurse Total Assigned 0 : Total	Required 1.0		
Medicare - A:0.0 - R:1.0		1	
	ed 1.0 : Total Required 1.0		
louse - A:1.0 - R:1.0	Ramos, Esmeralda		
Shift: 10a-6p	Caregory (and a month of the company	er en	
RNA Total Assigned 1.0 : Tota			
louse - A:1.0 - R:1.0	Gonzales, Monica M.		
Shift: 2p-10:15p		er er enn andere en	on an interest of the section of the
NA Total Assigned 13.0 : Tot	The state of the s		The state of the s
:1 - A:1.0 - R:1.0	Sawatsky, Lisa		The statement of the st
St 1 - A:4.0 - R:4.0	Gutierrez, Priscilla	Marquez, Beatriz	McIntosh, Marissa
	Tompkins, Jeremy	The second of the second secon	A CONTRACTOR OF THE PARTY OF TH
St 2 - A:4.0 - R:4.0	Ayers, Brad	Hernandez, Lucy	Mathews, Wanda F.
	Seechan, Sheila	100 Particular States   100 Pa	
St 3 - A:4.0 - R:4.0	Bustamante, Stephanie	Enas, Lanora	Fontanilla, Marie Ellaine
	Rangel, Raquel	L	
Shift: 4p-8p			
NA Total Assigned 3.0 : Total			
	Leon, Aurelia 3 3 TX	Ramos, Rosamaria STI alt	See, Eesen ST2DR
louse - A:3.0 - R:3.0	Leon, Adroin Ol O D		
louse - A:3.0 - R:3.0 Shift: 4p-9p		**************************************	
louse - A:3.0 - R:3.0			<u>, , , , , , , , , , , , , , , , , , , </u>

Filed: 12/11/2017 Page 231 of 250

Shift: 6p-6:30a	PLUM -	Westgate Gardens Care Center - N	Monday September 05 2016 - Census: 138
Orientation - A:1.0 - R:0.0	intany McDinal	d 10" KOSA	7-11-10 Table 10 10 10 10 10 10 10 10 10 10 10 10 10
St 1 - A:2.0 - R:2.0	Beglau, Leah	Lewis, Rosa	
Ct 2 - A:1.0 - R:1.0	Acosta, IvyJoy		
,3 ~ A:1,0 - R:1.0	Galvan, Angela		1
Shift: 10p-6:15a		had hell ( ) pri 30 ( ph. dr. gr. (dr. had) april elemp wheeld every	
CNA Total Assigned 7.0 : Total	Required 7.0		
1:1 - A:0.0 - R:1.0	Niomie		
St 1 - A:2.0 - R:2.0	Bartlett-Jones, Cortney	Notarnicola, Elida S.	
St 2 - A:2.0 - R:2.0	Aguirre, Gina	traue	
St 3 - A:3.0 - R:2.0		Howell, Maggie	Llamas, Christina

Nurse 128 Cna 331:75 total 459:75 CMS215 136 PD 3.33

.B. C. 777

PLUM - Westgate Gardens Care Center - Tuesday September 06 2016 - Census: 138

Shift: 3:30a-7:30a MDS Total Assigned 1.0 : Tot	tal Required 1.0		
House - A:1.0 - R:1.0	Wheeler, Pamela	A HALL SALE AND A SALE OF THE PARTY OF THE P	ale and the second second second second
it: 6a-2p	, vinces, amaid		
RNA - Total Assigned 1.0 : Tot	al Required 1.0	1. 4 - 14 - 5. 0 - 14 - 14 - 14 - 15 - 15 - 15	
House - A:1.0 - R:1.0	Villarreal, Judy M.	and a present experience of the specific or	1
Shift: 6a-2:15p		The second secon	Algorithm Committee to the Committee of
CNA Total Assigned 19.0 : To	otal Required 19.0		THE PERSON NAMED TO
1:1 - A:1,0 - R:1.0	Ortega, Marta	entering the age of the second section of the second	The second secon
St 1 - A:6.0 - R:6.0	Bobadilla, Joshua	Fernandez, Manuel	Foerster, Dawn
, , , , , , , , , , , , , , , , , ,	Gadsden, Realha J	Torres, Alma	Vasquez, Isabelle A,
St 2 - A:6.0 - R:6.0	Alcala, Mayanin	Branham, Amber	Howser, Priscilla
	Romero, Monica	Tapia, Celeste	Tapia, Isela
St 3 - A:6.0 - R:6.0	Andres Domingo, Maria	Dever, Jennifor	Gainey, Anna
31.0.0 11.0.0	Garcia, Sarah	Hernandez, Yadira	Pena Garcia, Ana
Shift: 6a-6:30p	Garcia, Salan	1 terriandez, Tadira	Tota Garda, Atta
Nurse Total Assigned 7.0 : To	otal Required 7.0		
St 1 - A:3.0 - R:3.0	O Dell, Dulce	Pulido, Hilda	Sanchez, Savannah
St 2 - A:2.0 - R:2.0	Gonzales, Abel	Weddle, Lindsey	The state of the s
St 3 - A:2.0 - R:2.0	Anderson, Ashley	Shipman, Christi	
Shift: 8:30a-4:30p	Aliderson, Ashley	Shipman, Christ	Name   10   10   10   10   10   10   10   1
RNA Total Assigned 0 : Total	Required 1.0	TO THE PERSON OF	
House - A:0.0 - R:1.0		or in the first and the industrial and the second s	1
Shift: 8:30a-5p	A CONTRACTOR OF THE PROPERTY O		
ADON Total Assigned 2.0 : T	otal Required 2.0		
House - A:2.0 - R:2.0	Ramos, Guadalupe	, Scott, Linda	STATE OF THE PARTY
S - Total Assigned 2.0 : Tot	and the state of t		
nouse - A:2.0 - R:2.0	O'Neal, Celena	Rising, Charla	The second secon
Nurse Total Assigned 0 : Total	the second secon		
Medicare - A:0.0 - R:1.0	ON A STATE OF THE PROPERTY OF	Established property and the contract of the c	
Treatment Nurse Total Assign	ned 1.0 : Total Required 1.0		
House - A:1.0 - R:1.0	Ramos, Esmeralda	The state of the s	The state of the s
Shift: 10a-6p	i Marios, Lamaras		(Carrier 10, 120 and 10
RNA - Total Assigned 1.0 : Tot	tal Required 1.0	STORY OF STREET	
House - A:1.0 - R:1.0	Gonzales, Monica M.	akki, pipogrampina tipa. A syr. A sir na komponinta makaka dan kanan pal	A CONTRACTOR OF THE PROPERTY O
Shift: 2p-10:15p	Toolie Till Till Till Till Till Till Till T		
CNA Total Assigned 13.0 : To	otal Required 13.0	valed in the second second	
1:1 - A:1.0 - R:1.0	Gutierrez, Priscilla	The second secon	And the second s
St 1 - A:4.0 - R:4.0	Marquez, Beatriz	McIntosh, Marissa	Tompkins, Jeremy
5( ) /(///5	Zamora, Raymond		
St 2 - A:4.0 - R:4.0	Ayers, Brad	Hernandez, Lucy	Peralta, Yesenia
S( 2 " 17,7,0 = 17,7,0	Trujillo, Betty	Fromanoos, Lady	1,000,000
St 3 - A:4.0 - R:4.0	Bustamante, Stephanie	Enas, Lanora	Fontanilla, Marle Ellaine
5( 3 - M.4.0 - M.4.0		Litas, Latioia	Torrestina, Watis Englise
Chift, An Or	Rangel, Raquel		
Shift: 4p-8p CNA Total Assigned 3.0 : Tot	tal Required 3.0		
House - A:3.0 - R:3.0	Leon, Aurelia	Ortiz, Michael	Ramos, Rosamaria
The second secon	Leun, Autella	Other moreon	, ramos, rodunding
Shift: 6p-6:30a Nurse – Total Assigned 4.0 : To	otal Required 4.0		
1 - A:2.0 - R:2.0	Beglau, Leah	Maglinte, Karizza	
St 2 - A:1.0 - R:1.0	Tello, Michelle		300 000 000 000 000 000 000 000 000 000
DL 5 - WHO . LAND	Tollo, Michelle		

Filed: 12/11/2017 Page 233 of 250

Shift: 10p-6:15a	PLUM -	Westgate Gardens Care Center -	Tuesday September 06 2016 - Census: 138
CNA Total Assigned 8.0 ; T	otal Required 7.0		Annual control of the second s
1:1 - A:1.0 - R:1.0	Basurto, Gabriela		
St 1 - A:2.0 - R:2.0	Bartlett-Jones, Cortney	Notarnicola, Elida S.	
2 - A:3.0 - R:2.0	Aguirre, Gina	Alva, Tracie	Velasco, Niomie ('o' with tracie)
St 3 - A:2.0 - R:2.0	Howell, Maggie	Liamas, Christina	

Nurse 174 CNa 33175 + total 50575 Census 136 PPD 366

PLUM - Westgate Gardens Care Center - Wednesday September 07 2016 - Census: 140

Calloff

Beglau, Leah RN called off for 6:00 pm to 6:30 am St 1 Nurse shift

MDS Total Assigned 1.0 : Total	d Required 1.0		
House - A:1.0 - R:1.0	Wheeler, Pamela		L
Shift: 6a-2p			
RNA Total Assigned 1.0 : Total		produkting og statistick fra statistick fra statistick fra statistics fra statistics fra statistics fra statistics from the statistics fra statistics from the statistic from the statistics from the statistic	y-many amount of the second
House - A:1.0 - R:1.0	Rivera, Sheryl		L
Shift: 6a-2:15p			
CNA Total Assigned 17.0 : Tot	The state of the s		1
1:1 - A:1.0 - R:1.0	Dever, Jennifer		·
St 1 - A:5.0 - R:6.0	Brown, Adrie'Anna (2)	Fernandez, Manuel (1)	Miska, Phillip (5)
	Saldana, Maria (3)	Torres, Alma (4)	ļ
St 2 - A:6.0 - R:6.0	Alvarado, Jalissa (1)	Branham, Amber (5)	Carabay, Cecilia (3)
	Hernandez, Lina (6)	Howser, Priscilla (4)	Tapia, Isela (2)
St 3 - A:5.0 - R:6.0	Andres Domingo, Maria (2)	Bobadilla, Joshua (3)	Gonzalez, Rebecca (1)
	Pacheco, Anita I. (5)	Vang, Lu (4)	
Shift: 6a-6:30p			
Nurse Total Assigned 9.0 : Tot		real least of the section of the	
Orientation - A:2.0 - R:0.0	Johnson, Angeline ('o' with Abel)	Johnson, Berta ('o' with Lisa)	
St 1 - A:3.0 - R:3.0	O Dell, Dulce	Pulido, Hilda	Sanchez, Savannah
St 2 - A:2.0 - R:2.0	Gonzales, Abel	Smith, Lisa R.	V
St 3 - A:2.0 - R:2.0	Anderson, Ashley	Santillan, Marla	Jeanne 5
Shift: 8:30a-4:30p			
TNA Total Assigned 1.0 : Total	Required 1.0		7-2-3-30
use - A:1.0 - R:1.0	Rosales, Ana		
Shift: 8:30a-5p		Company of the Compan	
ADON Total Assigned 2.0 : To			.,
House - A:2.0 - R:2.0	Ramos, Guadalupe	Scott, Linda	
MDS Total Assigned 2.0 : Total	al Required 2.0		production of the same
House - A:2.0 - R:2.0	O'Neal, Celena	Rising, Charla	
Nurse - Total Assigned 0 : Total	Required 1.0	Control of the second s	important and a second
Medicare - A:0.0 - R:1.0		i.	
Treatment Nurse Total Assign	The state of the s	30 STUE 10 STUE	provide totale and provide (see come of
House - A:2.0 - R:2.0	Aceves, Noelia	Ramos, Esmeralda	
Shift: 10a-6p		THE TEST OF VIEW DIVE.	THE THE STATE OF
RNA Total Assigned 1.0 : Total			
House - A:1.0 - R:1.0	Villarreal, Judy M.	1	<u> </u>
Shift: 2p-10:15p	(ID-1)-140.0	THE WAY BY STORY	
CNA Total Assigned 13.0 : Tot		blandard	The second second
1:1 - A:1.0 - R:1.0	The state of the s	bby/on/	Tampling Japany (4)
St 1 - A;4.0 - R:4.0	McIntosh, Marissa (3) GIZ	Ontiveroz, Irene (4)	Tompkins, Jeremy (1)
	Zamora, Raymond (2)		Deselle Vesselle (III
St 2 - A:4.0 - R:4.0	Ayers, Brad (4)	Hernandez, Lucy (1)	Peralta, Yesenia (2)
	Trujillo, Betty (Unnamed Note)		
St 3 - A:4.0 - R:4.0	Bustamante, Stephanie (2)	Fontanilla, Marie Ellaine (4)	Montejano, Cynthia (3)
	Valencia, Shandra L. (1)	l.,	
ift: 4p-8p			
JA Total Accionad 3 0 . Total	I Required 3.0		-11/
∪NA Total Assigned 3.0 : Tota House - A:3.0 - R:3.0	Leon, Aurelia St 3 TL	Ortiz, Michael \$\forall 2	See, Eesen CII St/

Shift: 6p-6:30a	PLUM - We	stgate Gardens Care Center - Wed	nesday September 07 2016 - Census: 1
Modified Duty - A:1.0 - R:0.0	Guzman, Gabriela		
se - Total Assigned 5.0 : Total I	Required 4.0		
St 1 - A:3.0 - R:2.0	Davalos, Mrisol ('o' with christina)	Grayson, Linda	Rosales, Christina
St 2 - A:1.0 - R:1.0	Tello, Michelle		
St 3 - A:1.0 - R:1.0	Galvan, Angela		
Shift: 10p-6:15a			
CNA - Total Assigned 9.0 : Total R	equired 7.0		
1:1 - A:1.0 - R:1.0	See, Cha		
St 1 - A:2.0 - R:2.0	Lopez, Stephanie	Notarnicola, Elida S.	
St 2 - A:3.0 - R:2.0	Alva, Tracie	Cox, Casey	Velasco, Nlomie ('o' with tracie)
St 3 - A:3.0 - R:2.0	Fowler, Cheyenne 'o'l	Llamas, Christina	Rodriguez, Jessica

Nurse 215.5 CNA324 total 539.5 Census 137 PPD 393

USCA Case #17-1191 Document #1708342 Filed: 12/11/2017 Page 236 of 250

Shift: 3:30a-7:30a	r-LOW - Westgate Gar	dens Care Center - Thursday Sep	terriber oo zo ro - Cerisus; 130
1DS Total Assigned 1.0 : Total	Required 1.0		
House - A:1.0 - R:1.0	Wheeler, Pamela		
Shift: 6a-2p			
RNA – Total Assigned 1.0 : Total	Required 1.0		
House - A:1.0 - R:1.0	Rivera, Sheryl		
Shift: 6a-2:15p		S 11 - 1 / A	
CNA Total Assigned 18.0 : Total	al Required 19.0		
1:1 - A:1.0 - R:1.0	Basurto, Gabriela		
St 1 - A:5.0 - R:6.0	Brown, Adrie'Anna 2 Saldana, Maria 3	Fernandez, Manuel Torres, Alma	Miska, Phillip 5
St 2 - A:6.0 - R:6.0	Alvarado, Jalissa	Branham, Amber 5	Carabay, Cecilia 3
	Hernandez, Lina	Howser, Priscilla 4	Tapia, Isela 2
St 3 - A:6.0 - R:6.0	Andres Domingo, Maria 3	Bobadilla, Joshua ちゅん	Dever, Jennifer
	Gonzalez, Rebecca	Hernandez, Yadira	Pacheco, Anita I. 6
Shift: 6a-6:30p			
Nurse Total Assigned 9.0 : Total	al Required 7.0		
Orientation - A:2.0 - R:0.0	Johnson, Angeline ('o' st1 front)		
St 1 - A:3.0 - R:3.0	Corrales, Veronica	Pulido, Hilda	Sanchez, Savannah
St 2 - A:2.0 - R:2.0	Shipman, Christi (06:00AM - 03:30PM)	Silicato, Staci (03:30PM - 06:30PM)	Smith, Lisa R.
St 3 - A:2.0 - R:2.0	Anderson, Ashley	Santillan, Maria	
Shift: 8:30a-4:30p	W		
RNA Total Assigned 1.0 : Total	Required 1.0		
House - A:1.0 - R:1.0	Rosales, Ana	H	
Shift: 8:30a-5p			
ADON - Total Assigned 2.0 ; Total	tal Required 2.0		
House - A:2.0 - R:2.0	Ramos, Guadalupe	Scott, Linda	
MDS Total Assigned 3.0 : Tota	Required 2.0		
House - A:3.0 - R:2.0		O'Neal, Celena	Rising, Charla
Nurse Total Assigned 0 : Total	Required 1.0	A STATE OF THE STA	
Medicare - A:0.0 - R:1.0			
Freatment Nurse Total Assigne	ed 2.0 : Total Required 2.0		
House - A:2.0 - R:2.0	Aceves, Noelia	Ramos, Esmeralda	
Shift: 10a-6p			
RNA Total Assigned 1.0 : Total	Required 1.0		process cerebration and the
House - A:1.0 - R:1.0	Villarreal, Judy M.	d	
Shift: 2p-10:15p			and the many of the same and the
CNA - Total Assigned 13.0 : Tot			
1:1 - A:1.0 - R:1.0	Valdez, Marissa		
St 1 - A:4.0 - R:4.0	McIntosh, Marissa 4 Tompkins, Jeremy	Ontiveroz, Irene 3	Ponce, Maria 2
St 2 - A:4.0 - R:4.0	Mathews, Wanda F.  Trujillo, Betty	Peralta, Yesenia 2	Seechan, Sheila 4
St 3 - A:4.0 - R:4.0	Bustamante, Stephanie 2 Valencia, Shandra L.	Fontanilla, Marie Ellaine 4	Montejano, Cynthia 3
Shift: 4p-8p			
CNA Total Assigned 3.0 : Total			
House - A:3.0 - R:3.0	Leon, Aurelia of 3DR	Ortiz, Michael St20R	See, Eesen Stlact
Shift: 5p-10p			
Nurse Total Assigned 1.0 : Tot	tal Required 0		
House - A:1.0 - R:0.0	Ericson, Ronald		

Shift: 6p-6:30a	PLUM - Wes	tgate Gardens Care Center - Thursday	y September 08 2016 - Census: 138
Modified Duty - Total Assigned 1.0	) : Total Required 0		
Additied Duty - A:1.0 - R:0.0	Guzman, Gabriela		
Nurse Total Assigned 5.0: Total	Required 4.0		
St 1 - A:3.0 - R:2.0	Davalos, Mrisol ('o' with christina)	Grayson, Linda	Rosales, Christina
St 2 - A:1.0 - R:1.0	Tello, Michelle		
St 3 - A:1.0 - R:1.0	Galvan, Angela (12:00AM - 06:30AM)	Kaundart, Denise (06:00PM - 12:30AM)	
Shift: 10p-6:15a			
CNA - Total Assigned 10.0: Total	Required 7.0		
1:1 - A:1.0 - R:1.0	See, Cha C/O		
St 1 - A:2.0 - R:2.0	Lopez, Stephanie	Notarnicola, Elida S.	
St 2 - A:4.0 - R:2.0	Alva, Tracie Velasco, Niomie ('o' with traci)	Cox, Casey	Rodriguez, Amber (float st 2&3)
St 3 - A:3.0 - R:2.0	Fowler, Cheyenne /cn/	Llamas, Christina	Rodriguez, Jessica C//

Nurse 209.5 CNa3337.25 total 546.75 CLINSUS 138 PPD 3.96

PLUM - Westgate Gardens Care Center - Friday September 09 2016 - Census: 137 Shift: 3:30a-7:30a MDS - Total Assigned 1.0 : Total Required 1.0 use - A:1.0 - R:1.0 Wheeler, Pamela Snift: 6a-2p RNA -- Total Assigned 2.0: Total Required 1.0 House - A:2.0 - R:1.0 Rivera, Sheryl Villarreal, Judy M. Shift: 6a-2:15p CNA -- Total Assigned 19.0: Total Required 19.0 1:1 - A:1,0 - R:1.0 Basurto, Gabriela St 1 - A:6.0 - R:6.0 Brown, Adrie'Anna Gadsden, Reatha J Hernandez, Lina 5 Saldana, Maria Miska, Phillip 6 Vasquez, Isabelle A. 44 St 2 - A:6.0 - R:6.0 Alvarado, Jalissa Alcala, Mayanin Carabay, Cecilia 3 Romero, Monica Ana Kosales Tapia, Celeste 4 St 3 - A:6.0 - R:6.0 Garcia, Sarah 3 Gainey, Anna Gonzalez, Rebecca 1 Pacheco, Anita I. Pena Garcia, Ana 2 Valdez, Marissa 4/ Shift: 6a-6:30p Nurse -- Total Assigned 8.0 : Total Required 7.0 Johnson, Angeline "d" wrtheronico Orientation - A:1.0 - R:0.0 St 1 - A:3.0 - R:3.0 Olmos, Diane Silicato, Staci Vasquez, Veronica St 2 - A:2.0 - R:2.0 513 Guinn, Nancy Smith, Lisa R. St 3 - A:2.0 - R:2.0 Diaz, Audriana Santillan, Maria Shift: 8:30a-4:30p RNA -- Total Assigned 0: Total Required 1.0 House - A:0.0 - R:1.0 Shift: 8:30a-5p ON -- Total Assigned 2.0 : Total Required 2.0 Luuse - A:2.0 - R:2.0 Ramos, Guadalupe C/J MDS - Total Assigned 3.0 : Total Required 2.0 House - A:3.0 - R:2.0 O'Neal, Celena Rising, Charla Nurse -- Total Assigned 0: Total Required 1.0 Medicare - A:0.0 - R:1.0 Treatment Nurse - Total Assigned 1.0: Total Required 1.0 House - A:1.0 - R:1.0 Ramos, Esmeralda Shift: 10a-6p RNA -- Total Assigned 1.0: Total Required 1.0 House - A:1.0 - R:1.0 Gonzales, Monica M. Shift: 2p-10:15p CNA -- Total Assigned 12.0: Total Required 13.0 1:1 - A:1.0 - R:1.0 Gutierrez, Priscilla S aubast compet 6-10 St 1 - A:4.0 - R:4.0 Marquez, Beatriz Ontiveroz, Irene 3 Ponce, Maria 2 Zamora, Raymond / St 2 - A:3.0 - R:4.0 Mathews, Wanda F. Peralta, Yesenia Seechan, Sheila 77 4 St 3 - A:4,0 - R:4.0 Montejano, Cynthia Rangel, Raquel 44 Enas, Lanora Valencia, Shandra L. Shift: 4p-8p CNA -- Total Assigned 3.0: Total Required 3.0 St2act See, Eesen St 3DR House - A:3.0 - R:3.0 Ramos, Rosamaria ST Ortiz, Michael Shift: 6p-6:30a early - Total Assigned 6.0 ; Total Required 4.0

> Acosta, IvyJoy X made 1031

Guzman, Gabriela HIPSH

McDonald, Britany "O" WITH Denise

Grayson, Linda

Modified Duty - A:1.0 - R:0.0

Orientation - A:1.0 - R:0.0 St 1 - A:2.0 - R:2.0

USCA Case #17-1191 Document #1708342 Filed: 12/11/2017 Page 239 of 250

Shift: 6p-6:30a	PLUM	- wesigate Gardens Care Cente	r - Friday September 09 2016 - Census: 137
St 2 - A:1.0 - R:1.0	Fowler, Richard		
St 3 - A:1.0 - R:1.0	Kaundart, Denise		
t: 10p-6:15a		Newson and All Control of Section 1997	THE WAR COLOR OF THE PARTY OF T
CNA Total Assigned 8.0 : T	otal Required 7.0		
1:1 - A:1.0 - R:1.0	See, Cha		
St 1 - A:2.0 - R:2.0	Bartlett-Jones, Cortney	Lopez, Stephanie	
St 2 - A:3.0 - R:2.0	Aguirre, Glna	Cox, Casey	Rodriguez, Amber Moat 29 3
St 3 - A:2.0 - R:2.0	Fowler, Cheyenne	Howell, Maggie	

NUISC\_1665 CNa333,5 total 502 census138 PPD 3.63

USCA Case #17-1191 Document #1708342 Filed: 12/11/2017 Page 240 of 250

| N Ca | Lupe 623-7590

| PLUM - Westgate Gardens Care Center - Saturday September 10 2016 - Census: 138

Shift: 6a-2p RNA Total Assigned 1.0 : Total	J Paguired 1.0		The second secon
use - A:1.0 - R:1.0	Rivera, Sheryl	William State of	profit or Samon Sa
Shift: 6a-2:15p	Trivera, Onory:		
CNA Total Assigned 20.0 : Tot	al Required 19.0	<u> </u>	
1:1 - A:1.0 - R:1.0	Clark, Sophia		
St 1 - A:7.0 - R:6.0	Brown, Adrie'Anna	Gadsden, Reatha J 2	Hernandez, Lina 5
311 7 1110.0	Hernandez, Yadira Toute	Miska, Phillip 6	Saldana, Maria 3
			Galdana, Maria
St 2 - A:6.0 - R:6.0	Vasquez, Isabelle A. 4 Au Ch.	Alvarado, Jalissa	Carabay, Cecilia 3 OLHE 101
0(2 /1.0.0 11.0.0	Romero, Monica 2	Tapia, Celeste 4	Zavala, Oscar 5
St 3 - A:6.0 - R:6.0	Gainey, Anna	Garcia, Sarah 3	Gonzalez, Rebecca /
Ot 5 - A.0.0 ~ N.0.0	Pacheco, Anita I.	Pena Garcia, Ana	Willems, Brittany 4
Shift: 6a-6:30p	Pacheco, Anita I.	Feria Garcia, Alia	willerns, Brittarry 7
Nurse Total Assigned 7.9 : Tot	al Required 7.0		
Orientation - A:1.0 - R:0.0	Flores, Maricela DW W	1/6	1
St 1 - A:3.0 - R:3.0	Johnson, Berta	Olmos, Diane	Vasquez, Veronica
St 2 - A:1.9 - R:2.0	Johnson, Berta		Silicato, Staci (12:00PM -
St2 - A.1.9 - K.2.0	Corrales, Veronica	Rosales, Christina (06:00AM - 11:00AM)	06:30PM)
St 3 - A:2.0 - R:2.0	Diaz, Audriana	Peters, Vincent	- 00.331 My
Shift: 8:30a-4:30p	Diaz, Addriana	Feters, Vilicent	1
RNA Total Assigned 1.0 : Total	Required 1.0		
House - A:1.0 - R:1.0	Rosales, Ana		
Shift: 8:30a-5p	TOSBIES, AIIA	1	
Nurse - Total Assigned 0 : Total	Required 1.0	TELL TO THE TANK OF	U. 1071 A.C.
dicare - A:0.0 - R:1.0		1	
atment Nurse Total Assigno	ed 1.0 : Total Required 1.0		the contest the state of the
House - A:1.0 - R:1.0	Aceves, Noelia	I The state of the	
Shift: 10a-6p	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		
RNA - Total Assigned 1.0 : Total	Required 1.0		
House - A:1.0 - R:1.0	Gonzales, Monica M.		
Shift: 2p-10:15p		it	
CNA Total Assigned 13.0 : Tot	al Required 13.0		
1:1 - A:1.0 - R:1.0	Sawatsky, Lisa		
St 1 - A:4.0 - R:4.0	Foerster, Dawn 2	Maria Ponc 1	Marquez, Beatriz 4
	Ontiveroz, Irene 3	75484055	
St 2 - A:4.0 - R:4.0	Ayers, Brad 4	Hernandez, Lucy 2017	Mathews, Wanda F. /
	Seechan, Sheila 3	Nantu A	
St 3 - A:4.0 - R:4.0	Enas, Lanora 2	Montejano, Cynthia 3	Rangel, Raquel 4/17
	Valencia, Shandra L. /		100
Shift: 4p-8p		*	
CNA Total Assigned 3.0 : Total	Required 3.0		
House - A:3.0 - R:3.0	Leon, Aurelia	Ramos, Rosamaria	See, Eesen
10000 111010 111010			
Shift: 6p-6:30a			
Shift: 6p-6:30a	al Required 4.0	مرينة فالمناجر والمسترعا المناجر	man and the second seco
Shift: 6p-6:30a Nurse Total Assigned 5.0 : Tot	al Required 4.0  Acosta, IvyJoy	Beglau, Leah	Lewis, Rosa
Shift: 6p-6:30a Nurse Total Assigned 5.0 : Tot St 1 - A:3.0 - R:2.0		Beglau, Leah	Lewis, Rosa
Shift: 6p-6:30a Nurse Total Assigned 5.0 : Tot St 1 - A:3.0 - R:2.0 St 2 - A:1.0 - R:1.0	Acosta, IvyJoy	Beglau, Leah	Lewis, Rosa
Shift: 6p-6:30a Nurse Total Assigned 5.0 : Tot St 1 - A:3.0 - R:2.0 St 2 - A:1.0 - R:1.0	Acosta, IvyJoy Fowler, Richard	Beglau, Leah	Lowis, Rosa
Shift: 6p-6:30a Nurse Total Assigned 5.0 : Tot St 1 - A:3.0 - R:2.0 St 2 - A:1.0 - R:1.0 St 3 - A:1.0 - R:1.0 L: 10p-6:15a CNA Total Assigned 7.0 : Tota	Acosta, IvyJoy Fowler, Richard Kaundart, Denise	Beglau, Leah	Lowis, Rosa
Shift: 6p-6:30a Nurse Total Assigned 5.0 : Tot St 1 - A:3.0 - R:2.0 St 2 - A:1.0 - R:1.0 St 3 - A:1.0 - R:1.0	Acosta, IvyJoy Fowler, Richard Kaundart, Denise	Beglau, Leah	Lowis, Rosa

Filed: 12/11/2017 Page 241 of 250

Shift: 10p-6:15a	PLUM	- Westgate Gardens Care Center - Saturday September 10 2016 - Census: 13
St 2 - A:2.0 - R:2.0	Aguirre, Gina	Cox, Casey
St 3 - A:2.0 - R:2.0	Fowler, Cheyenne	Howell, Maggie

Nurse 149 CNa 32175 total 470.75 consus 138 PPD 3.41

9,00

Filed: <u>A2/24/2017</u> Page 242 of 250

	PLUM - Westgate Gar	dens Care Center - Sunday Sep	itember 11 2016 - Census: 13
Shift: 6a-2p	w		
RNA Total Assigned 1.0 : Total	The second of th		patent of the control
use - A:1.0 - R:1.0	Villarreal, Judy M.		
Shift: 6a-2:15p			
CNA - Total Assigned 22.0 : Total			rita de la companya della companya della companya de la companya della companya d
1:1 - A:1.0 - R:1.0	Clark, Sophia	2011	
St 1 - A:8.0 - R:6.0	Gina Pauls 1	Foerster, Dawn 3 W 1019	Gadsden, Reatha J 2
	Torres, Alma 5	Vang, Lu 600/0	Vasquez, Isabelle A. 4
#	Willems, Brittany	Zavala, Oscar	THE PERSON NAMED IN COLUMN
St 2 - A:6.0 - R:6.0	Alcala, Mayanin	Branham, Amber 5	Howser, Priscilla
	Romero, Monica 2	Tapia, Celeste 4	Tapia, Isela /
St 3 - A:7.0 - R:6.0	Alva, Tracie	Bobadilla, Joshua	Gainey, Anna 5 KNA
	Garcia, Sarah OUTCIOIS 3	Hernandez, Yadira L	Pena Garcia, Ana 2
	Rodriguez, Jessica 6		
Shift: 6a-6:30p		- OAM	
Nurse Total Assigned 9.0 ; Tota	Required 7.0 C/O M M	Michael	ye hadana a a a a a a a a a a a a a a a a a
Orientation - A:2.0 - R:0.0	Flores, Maricela (DV) 111	Johnson, Berta - 4377	
St 1 - A:3.0 - R:3.0	Olmos, Diane Out @ 330	Pulido, Hilda \(\lambda\)	Vasquez, Veronica
St 2 - A:2.0 - R:2.0	Guinn, Nancy	Weddle, Lindsey	
St 3 - A:2.0 - R:2.0	Diaz, Audriana	Peters, Vincent	
Shift: 8:30a-4:30p			
RNA Total Assigned 1.0 : Total	Required 1.0		
House - A:1.0 - R:1.0	Molina, Petra H. 6 //		
Shift: 8:30a-5p			
Nurse Total Assigned 1,0 : Tota	Required 1.0		
use - A:1.0 - R:0.0	Gonzalez, Irasema		
viedicare - A:0.0 - R:1.0			
Freatment Nurse Total Assigned	d 1.0 : Total Required 1.0	The Control of the Co	
House - A:1.0 ~ R:1.0	Aceves, Noelia SI (0.2011)		
Shift: 10a-6p			
RNA Total Assigned 1.0 : Total	Required 1.0		
House - A:1.0 - R:1.0	Gonzales, Monica M.		
Shift: 2p-10:15p			
CNA Total Assigned 14.0 : Total	l Required 13.0		
:1 - A:1.0 - R:1.0	Sawatsky, Lisa		
St 1 - A:4.0 - R:4.0	Gutierrez, Priscilla	Marquez, Beatriz 4	McIntosh, Marissa 3
	Tompkins, Jeremy /		
St 2 - A:5.0 - R:4.0	Alcantar, Arturo	Ayers, Brad 4	Hernandez, Lucy 2
	Mathews, Wanda F. /	Seechan, Sheila 3	
St 3 - A:4.0 - R:4.0	Bustamente, Stephanie /	Enas, Lanora 2	Fontanilla, Marie Ellaine 3
	Rangel, Raquel 4		, Janes Line III S
Shift: 4p-8p	The state of the s	1	
CNA Total Assigned 3.0 : Total	Required 3.0		SECTION AND A SECTION AND ASSESSMENT
louse - A:3.0 - R:3.0	Leon, Aurelia	Ramos, Rosamaria	See, Eesen
Shift: 6p-6:30a	II. 15.507		
lurse Total Assigned 4.0 : Tota	l Required 4.0		matem
St 1 - A:2.0 - R:2.0	Lewis, Rosa	Rosales, Christina C77	Leah & meter
° 2 - A:1.0 - R:1.0	Fowler, Richard		A STATE OF THE STA
3 - A:1.0 - R:1.0	Kaundart, Denise		1 H 1 H 1 H 1 H 1 H 1 H 1 H 1 H 1 H 1 H
Shift: 10p-6:15a	III . Abrasiliani il arasiliani	Normal and the second	
ONA Total Assigned 7.0 : Total	Required 7.0		
1:1 - A:1.0 - R:1.0	Basurto, Gabriela		1

Filed: 12/11/2017 Page 243 of 250

Shift: 10p-6:15a	PLUM - Westgate Gardens Care Center - Sunday September 11 2016 - Census: 138		
St 1 - A:2.0 - R:2.0	Bartlett-Jones, Cortney	Notarnicola, Elida S.	
St 2 - A:2.0 - R:2.0	Aguirre, Gina	Velasco, Niomie	
3 - A:2.0 - R:2.0	Howell, Maggie	Llamas, Christina	

NUrse\_140.5 CNa353\_ total 493.5 CINSUS 138\_ PPD 3.57

328.25

Filed: 12/11/2017 Page 244 of 250

ON COLL 1023 - 7590

Care Center - Monday September 12 2016 - Census: 13

Shift: 3:30a-7:30a		CHICAGO CONTRACTOR CON	
MDS Total Assigned 1.0 : Tot	tal Required 1.0		
ise - A;1.0 - R;1.0	Wheeler, Pamela	**************************************	
Snift: 6a-2p			errormone carteria a escapación muito
RNA Total Assigned 1.0 : Tot			Consequent Consequence Consequence
House - A:1.0 - R:1.0	Villarreal, Judy M.	to an extreme to the second	1
Shift: 6a-2:15p			
CNA Total Assigned 18.7 : To		Now, energy and recommend the suite and	
1:1 - A:0.7 - R:1.0	Pacheco, Anita I. (06:00AM - 12:00PM)	ang a sangan yang kanaway ka sangan sangan kanaway ka wangan sangan sangan sangan sangan sangan sangan sangan	
St 1 - A:6.0 - R:6.0	Andres Domingo, Maria 6 Gadsden, Reatha J 2	Bobadilla, Joshua 3 Torres, Alma 5	Fernandez, Manuel / Vasquez, Isabelle A. 4
St 2 - A:6.0 - R:6.0	Alcala, Mayanin 6	Branham, Amber 5 Tapia, Celeste 3	Howser, Priscilla 4/ Tapia, Isela /
St 3 - A:6.0 - R:6.0	Alva, Tracie	Gainey, Anna	Garcia, Sarah
	Montejano, Cynthia	Pena Garcia, Ana	Rodriguez, Jessica
Shift: 6a-6:30p	i memorina spinara		, , , , , , , , , , , , , , , , , , , ,
Nurse Total Assigned 7.0 : To	otal Required 7.0		
St 1 - A:3.0 - R:3.0	Cha, Jeanne	Corrales, Veronica	O Dell, Dulce
St 2 - A:2.0 - R:2.0	Gonzales, Abel	Weddle, Lindsey	The state of the s
St 3 - A;2.0 - R;2.0	Peters, Vincent	Shipman, Christi	
Shift: 8:30a-4:30p	T Ctors, Villouit	Only than Only	
RNA Total Assigned 1.0 : Tot	al Required 1.0		Barrier in the supplied of the
House - A:1.0 - R:1.0	Rivera Carrillo, Martha L.		Company of the state of the sta
Shift: 8:30a-5p		I amount of the second	
ON Total Assigned 0 : Tot	al Required 2.0		
. Jse - A:0.0 - R:2.0	Diane	1131	- NE GOOD - AND THE PERSON OF
MDS - Total Assigned 2.0 : Tot	tal Required 2.0	lupo	
House - A:2.0 - R:2.0	O'Neal, Celena	Rising, Charla	The state of the s
Nurse Total Assigned 0 : Total	ALL OF THE PARTY O		
Medicare - A:0.0 - R:1.0		With the second	AND THE PERSON AND TH
Treatment Nurse Total Assign	ned 1.0 : Total Required 1.0		
House - A:1.0 - R:1.0	Ramos, Esmeralda	1	
Shift: 10a-6p	The second secon	Annex 200 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
RNA Total Assigned 1.0 : Tot	al Required 1.0		
House - A:1.0 - R:1.0	Gonzales, Monica M.	The first of the first of the state of the s	2000 L2 ( ) 1
Shift: 2p-10:15p			
CNA Total Assigned 13.0 : To	otal Required 13.0		
1:1 - A:1.0 - R:1.0	Sawatsky, Lisa		
St 1 - A:4.0 - R:4.0	Gutierrez, Priscilla	Marquez, Beatriz	McIntosh, Marissa
	Tompkins, Jeremy		
St 2 - A:4.0 - R:4.0	Ayers, Brad	Hernandez, Lucy	Peralta, Yesenia
	Trujillo, Betty		
St 3 - A:4.0 - R:4.0	Bustamante, Stephanie	Enas, Lanora	Fontanilla, Marie Ellaine
OLIN As On	Rangel, Raquel		
Shift: 4p-8p CNA Total Assigned 3.0 ; Tot	tal Required 3.0		ASP TO SECURITION OF THE
House - A:3.0 - R:3.0		Ortiz, Michael	Ramos, Rosamaria
And the second s	Leon, Aurelia	THE PROPERTY OF THE PROPERTY O	minimum rooming
:: 4p-9p Nurse Total Assigned 1.0 : To	otal Required 0		
House - A:1.0 - R:0.0	The state of the s	gan language in the same rail of the place	Setting of production of the state of the st

Shift: 6p-6:30a	PLUM -	Westgate Gardens Care Center - Monday September 12 2016 - Census:	138
Nurse Total Assigned 5.0 : Total	l Required 4.0	<b>1</b> λα_ε/λ	. U.
Orientation - A:1.0 - R:0.0	McDonald, Britany	KON	
I - A:2.0 - R:2.0	Beglau, Leah	Lewis, Rosa	
St 2 - A:1.0 - R:1.0	Acosta, IvyJoy		
St 3 - A:1.0 - R:1.0	Galvan, Angela	27.37.57.77.77.77.77.77.77.77.77.77.77.77.77	
Shift: 10p-6:15a CNA Total Assigned 7.0 : Total	Required 7.0		
1:1 - A:1.0 - R:1.0	Basurto, Gabriela		
St 1 - A:2.0 - R:2.0	Bartlett-Jones, Cortney	Notarnicola, Elida S.	1
St 2 - A:2.0 - R:2.0	Aguirre, Gina	Velasco, Niomie	
St 3 - A:2.0 - R:2.0	Howell, Maggie	, Llamas, Christina	

Nurse 179 cna 33575 tota [514.75 census 138 PPD 373

# JOB DESCRIPTION CHARGE NURSE

# FUNCTION:

The primary function of the Charge Nurse is to insure effective, efficient comprehensive resident care is provided as prescribed by the physician and as required by the facility's policies and procedures. The Charge Nurse will direct, supervise and evaluate the duty performance of nursing assistants under their charge. The Charge Nurse reports to and is directly responsible to the Nursing Supervisor.

# QUALIFICATIONS:

- 1. Possess a current, valid RN/LVN license issued by the California Department of Consumer Affairs.
- 2. Experience in long term geriatric nursing care, and experience and/or training in supervision preferred.
- 3. Ability to read, speak and understand English, follow directions and complete assigned responsibilities.
- 4. Support facility administration, the facility's philosophy of care, and the policies and procedures of the facility.
- 5. Ability to communicate clearly and effectively with all facility staff members.
- 6. Interest and awareness of changes and advancement in geriatric nursing and regulations.
- 7. Ability to demonstrate, supervise direct nursing care to improve standards of nursing.
- 8. Maintain a neat, clean, well-groomed, professional appearance.
- 9. Dependability.

# SPECIFIC RESPONSIBILITIES:

- 1. Maintain an acceptable standard of nursing practice and professional decorum.
- 2. Knowledge of Federal and State Regulations governing long term care nursing facilities.
- 3. Knowledge and implementation of the facility's policies and procedures.
- 4. Be courteous, considerate and cooperative when communicating with all facility staff, residents and public.

EYIH

- 792 WSJM

- Insure the documentation in the medical record is current and complete and reflects the resident's physical, psychological, emotional, social, and cultural status with changes as appropriate in the plan of care and as often as the resident's condition warrants.
- Document weekly nurses progress notes on assigned resident's specific to the resident's needs, the plan of care and the resident's response to care and treatments.
- 21. Document progress notes as required on chemical restraints and pressure sores.
- 22. Admit, discharge and transfer residents according to the facility's policies and procedures.
- 23. Assist in teaching residents, families and personnel on special procedures.
- 24. Protect the resident's rights, privacy and property.
- 25. Respond promptly to resident and/or family requests or complaints and assist in resolution of grievances.
- 26. Make daily visits to residents to ascertain their needs and condition. When the Charge Nurse administers medication, the visits can be made during medication rounds.
- 27. Assist physician with resident visits:
- 28. Supervise and evaluate work performance of nursing personnel assigned to her/his area of responsibility. Make rounds on his/her assigned unit to identify any clinical or supervisory problems and implement corrective actions.
- 29. Assist in orientation and training of new nursing personnel, as required.
- 30. Assist nursing personnel with difficult care assignments, treatments and emergencies.
- 31. Respond to audit reports with prompt corrective action. Correct deficiencies identified in work performance.
- 32. Inventory nurses station supplies and notify the Central Supply Clerk of needs.
- 33. Document nurses station and resident room repair needs on maintenance log.
- 34. React appropriately to emergencies and disaster situations.
- 35. Practice, implement and supervise Infection Control and Universal Precaution policies and procedures.
- 36. Practice, implement and supervise safety policies and procedures.

4.	
37,	Participate in Quality Assurance Program.
38.	Participate in reports and care conferences.
39.	Attend In-Service education and staff meetings as required.
40.	Perform other duties as may be assigned by Nursing Supervisor and/or Director of Nursing Services.
	ATURE/TITLE DATE
CHAR	GE NURSE
×	

JOB-CN.DOC rev. 7/92 - HW

SIGNATURE/TITLE

FACILITY DESIGNEE

ORIGINAL: PERSONNEL FILE COPY: EMPLOYEE

DATE

Filed: 12/11/2017 Page 248 of 250

# JOB DESCRIPTION Licensed Vocational Nurse (LVN) DEPARTMENT: Nursing

#### **POSITION SUMMARY:**

The LVN implements the established plan of care for each assigned group of resident's. Responsibilities include total care for chronically ill and technologically dependent residents, administration of medications, performance of treatments, provision of resident/family education as directed, and maintenance of a record of the care provided. Under the direct supervision of the RN, assists with the planning, coordination, and provision of individualized resident care in accordance with the established policies and procedures of the facility.

#### **RESPONSIBLE TO:**

This position is responsible to the Charge Nurse

FLSA STATUS:

Non-exempt

#### QUALIFICATIONS/REQUIREMENTS:

Education:

LVN graduate from an accredited School of Nursing

License:

Current, valid LVN licensure to practice in the state

Current BCLS certification

Work Experience:

Minimum 6 months prior LVN experience in the past 2 years in a general acute care hospital

Or acquired equivalent competency appropriate to the type of sub-acute residents the facility

provides care to

#### Language Skills:

• Must be able to read, analyze, and interpret common scientific and technical information, and to be easily understood through verbal communication in the English language.

#### Mathematical Skills:

- Must be able to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals.
- Ability to perform these operations using units of weight measurement, and volume.

#### Communication Skills:

- Must have exceptional communication and customer service skills, and be empathetic.
- Ability to effectively communicate with patients, families, responsible parties, staff and outside resources and agencies.

### ESSENTIAL JOB FUNCTIONS:

- Perform assigned resident care duties in a manner that provides for the physical, psycho-social, and spiritual needs of the chronically ill and technologically dependent resident, incorporating cultural and ethnic factors
- Complete initial and ongoing assessments by gathering data in a timely manner, incorporating functional/development
  age factors into the assessment process
- Correctly differentiates between normal and abnormal clinical findings and intervenes in accordance with clinical standards of practice and per physician orders

Revision Date: 03/01/14

- F 795

p11

- Work collaboratively with the resident/family and interdisciplinary team members to develop an individualized plan of care for each resident
- Demonstrate sound clinical judgment in the implementation, and evaluation of the nursing aspects of interdisciplinary resident care plan of care
- Proficiently and accurately monitor and report resident condition changes to the Registered Nurse, attending physician, family, interdisciplinary team members, and Director of Nursing or ADON
- Follow through on resident care services needed to meet the individualized needs of each resident
- Administer medications in a proficient manner, including pain management
- If IV certified, proficiently provide IV care needs within the scope of practice for a LVN and per facility policy
- Provide treatment administration in a proficient manner per direction from the physician, which includes but is not limited to wound packing, irrigation, indwelling catheter care, etc.
- Proficiently provide and manage the care of technologically dependent residents, including but not limited to:
  - a) Ventilator dependency
  - b) Ostomies such as, but not limited to, tracheostomy, ileostomy, urostomy, gastrostomy, etc.
  - c) Enteral feeding tubes
  - d) Tracheosomy care
  - e) Suctioning
- Participate in the identification of resident/family educational needs and provide individualized teaching which
  considers the functional/developmental age and needs of the resident. Monitor and document the effectiveness of the
  education provided
- Demonstrate knowledge of age specific care, including but not limited to identifying safety measures, physiological normal values/reading; assessing skin integrity, behavior, motor skills and/or activities that place the residents at risk as well as communicates effectively in a clear, concise, and understandable manner
- Demonstrate knowledge and appropriate monitoring of signs/symptoms of abuse and/or neglect of residents. Report
  and document suspected abuse/neglect in accordance with facility policy and regulatory guidelines

#### JOB FUNCTIONS:

- Demonstrate knowledge of, and respect for, the rights, dignity and individuality of each resident in all interactions
- Appreciates the importance of maintaining confidentiality of resident and facility information
- · Demonstrate honesty and integrity at all times in the care and use of resident and facility property
- Proficiently provides care in emergency situations and follows established emergency procedures and practices
- Maintain knowledge of, and implement resident care activities to promote, maintain, and/or restore health for assigned residents
- Assure that the rights of residents are respected and maintained by allowing for privacy and dignity in the provision of care
- Demonstrate good oral and written communication skills with residents, families, physicians, additional healthcare providers, and co-workers